RN

MARCH 1959

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PACQUINS HAND CREAM . . . made especially for you!

Pacquins Hand Cream is lanolin-rich for extra-dry skin . . . gives your hands more protection than any other hand cream in the world. Never sticky or greasy; vanishes quickly. Pacquins was originally formulated for professional use only.

Extra protection

RN contents

VOLUME 22 • NO. 3 • MARCH 1959

MORE ►

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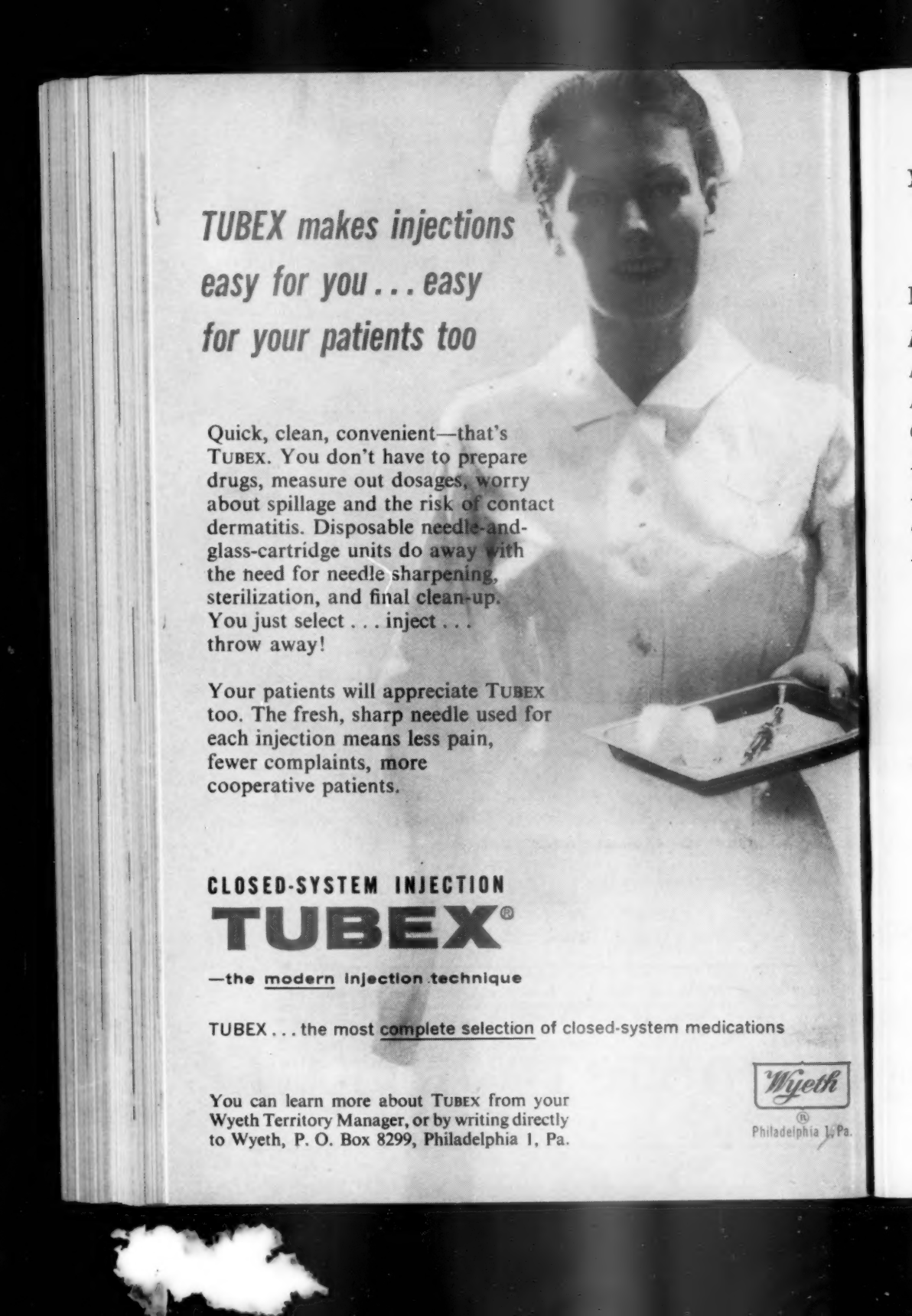

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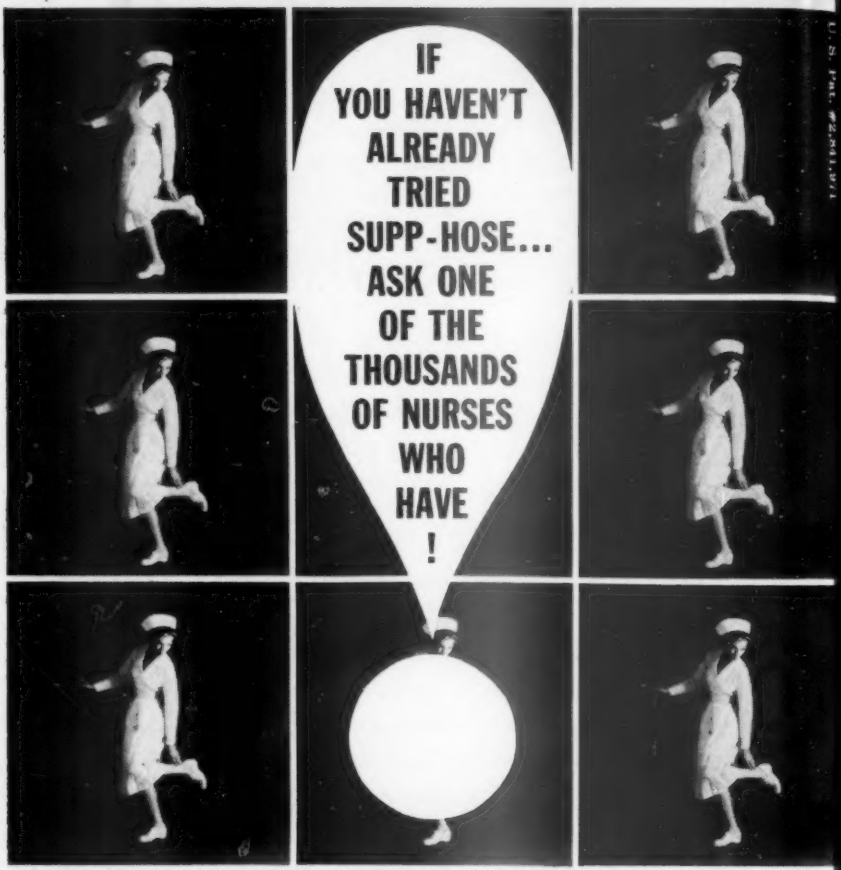
contents

DEPARTMENTS and SHORT FEATURES



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A VERY ECONOMICAL STOCKING!

One pair of Supp-hose should give you many times the wear of ordinary nylons. It's easy to care for . . . loo and washes like any other fashi stocking. Try a pair—see how go your legs look, and feel! Available proportioned hosiery sizes in white and fashion shades. 4

Supp-hose

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MARCH 1959

RN

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doctors-at-the-end-of-their-day

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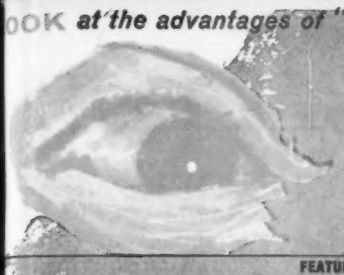
New Sanka is the *only* coffee that delivers real coffee aroma and true coffee flavor, but without caffein . . . 97% of the caffein is removed. Sanka can't add to tension or disturb sleep.

You'll like it, Doctor, and so will your patients.

A fine coffee from General Foods

NEW *Aroma-Roast*
INSTANT SANKA COFFEE

OOK *at the advantages of "Tamed Iodine"*®



WESCODYNE®

FEATURES OF TAMED IODINE AGAINST OTHER TYPES OF DISINFECTANTS

	Chlorines	Quats	Creosols	Pines	Synthetic Phenols	WESCODYNE
crobial tivity	Very short	Variable	Intermediate	Poor to variable.	Intermediate	High
bility	No	Yes	Yes	Yes	Yes	Yes
st in Use	Low, but require frequent application.	High	High, too much needed.	Low, but require frequent application.	Moderate to low.	Very low.
or	Heavy and penetrating.	None	Heavy	Heavy and lingering.	Some are heavy, others linger.	Very light and non-lingering.
aning ility	None, cause bleaching.	Poor, inactivated by soaps.	Good	Good	Good	Good
crobiology	Selective germicide. Will not destroy a wide range of organisms.	Selective germicide. Will not destroy a wide range of organisms.	Selective germicide. Will not destroy a wide range of organisms.	Selective germicide. Will not destroy a wide range of organisms.	Selective germicide. Will not destroy a wide range of organisms.	A nonselective germicide. Kills bacteria, virus, molds, fungi, yeast, spores, etc.
acted by d Water	No	Yes	Yes	Yes	in some cases.	No
icator of terial ficiency	None	None	None	None	None	Color
ct on n, full ength	Irritants	Sensitizers	Irritants	Non-irritating	Irritants	Non-irritating
icity	Yes	Variable	Yes	No	Yes	No

EXTRAORDINARY GERMICIDE

SCODYNE is the *first "Tamed Iodine" spital germicide.* It offers extraordiry advantages. Nonselective biocidal tivity. A cleansing detergent action. tremely low cost. And more, as indied in the above comparison.

mportant, too, tests on common pathns show that WESCODYNE offers greater micidal capacity for the control of ss infection.

SCODYNE is the single germicide suitfor all hospital cleaning and disinting procedures. Its labor-saving tergent action removes soil and dust as ms are destroyed. This simplifies produres, including those for the decon-mination of surfaces that harbor aph" and other organisms.

WESCODYNE costs less than 2¢ a gallon at its general-purpose use dilution. It has an unmatched history of scientific evaluation and success. We'd be glad to send full information,. a sample and recommended O.R., housekeeping and nursing procedures. Just call your nearby West office. Or send the coupon below to our Long Island City headquarters, Dept. 17.

☐ Send a WESCODYNE sample and full information.

☐ Have a representative phone for an appointment.

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Position_____

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BETTER HEARING...
NOT "BETTER HIDING"
is what's important in Hearing Aids!

Zenith's opinion, all too much em-sis is being placed today on the size d concealing qualities of hearing s. Not enough is said about the ad-ntages the hard-of-hearing should lly look for when they buy a hear- aid.

One would almost believe that a ring aid only needs to be smaller d less conspicuous to be a *better* ring aid. That the best possible of conceivable hearing aids is an *invis-* one.

Of course, there is no such thing as invisible hearing aid at this time. If were possible to make one, Zenith, h its vast resources and 40-year ex-ience in the field of sound reproduc-n, would have developed it.

What is possible (and Zenith has ved it) is to develop remarkable pre-ion instruments that reproduce nd with such amazing clarity that, to users, hearing is a pleasure again. Zenith dealers offer a hearing aid model for every electronically correct-able hearing loss.

True—Zenith has achieved great progress in making hearing aids smaller and less conspicuous, but we have never sacrificed hearing aid quality and performance for size. Zenith and Zenith dealers will always place cosmetic advantages second to *hearing aid performance.*

We recommend that anyone with a hearing loss *see a doctor first* . . . then, if the loss is correctable, to select the hearing aid that offers *greatest hearing help.*

A modern, precision hearing aid can bring a wonderful new life to the hard-of-hearing. Helping them to enjoy its full benefits is a privilege—and a challenge—to us. It's part of the Zenith Crusade.

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Please mail me free mounted full-color ear chart, and list of local dealers. Also literature and information on 30-Day Free Trial Offer for Physicians.

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ADDRESS

CITY ZONE STATE

RN letters

RUDE VISITORS

DEAR EDITOR: As a recent graduate, I am shocked to discover how hospital visitors talk to nurses. It's a disgrace!

They demand that their relatives get immediate attention in every respect. (Is this a guilt complex—indicating that the patient has been neglected at home for years?)

Never before have I been spoken to so rudely . . .

Constance Nidzgorski, R.N.
Williston Park, N. Y.

SALUDOS, TWO-YEAR GRADS!

DEAR EDITOR: The only gripe I've heard about the two-year graduates has come from the girls themselves—and it concerns their employment:

Instead of being offered bedside duty (which they're well fitted to do), they're offered jobs they're not yet ready to handle.

Why not place them where they can do their best?

Your Michigan correspondent, who contends that the two-year course is putting the profession back seventy-five years, might change her mind by working with these newcomers. As students they have concentrated on study—without being subjected to the fatigue of ward duty. Many of them are dependable, mature individuals who do a fine job.

M. Richardson, R.N.
Glendora, Calif.

YESTERYEAR REVISITED

DEAR EDITOR: As I look at that crisp young nurse, I wonder if she feels about me as I once felt about older nurses.

I remember how I used to say the older nurse didn't belong in nursing, where youth and endurance are prerequisites.

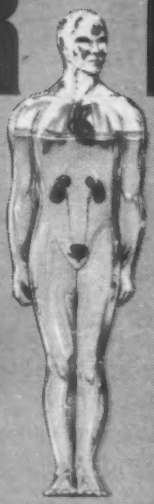
But that was in 1927. And now I'm one of them myself.

Today's young nurse, in my view, is confident and quick; and she speaks with authority. Sometimes she's a little impatient—just as I would be in her place.

She may be glad I'm around to help lighten her workload. But she doesn't want to hear (nor should she) about "the way things used to be done."

Though she and I are a generation apart, there's a bond of service between us. In recognition of this mutuality of interest, I would

WHATEVER THE ETIOLOGY— EDEMA OF ANY DEGREE RESPONDS TO DIURIL®



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An unparalleled record of safety and efficacy.

DIURIL has proved to be highly effective in overcoming edema associated with a wide variety of fluid retention states including: hypothyroidism, menopausal syndrome, allergy, peripheral phlebitis, arthritis, migraine headache, ascites or peripheral edema due to malignant tumor, and obesity. In the last case, Landes and Peters' achieved excellent to good results in nine obese patients in whom overweight was associated with moderate or severe fluid retention.

1. Landes, R. P. and Peters, M.: Postgrad. Med. 23: 648, June, 1958.

dosage: one or two 500 mg. tablets of DIURIL once or twice a day.

supplied: 250 mg. and 500 mg. scored tablets DIURIL (Chlorothiazide); bottles of 100 and 1000.

any indication for diuresis is an indication for DIURIL.

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Division of Merck & Co., INC. • Philadelphia 1, Pa.

letters

offer her these long-cherished li
(where I got them I don't kno

Ah, great it is to believe i
dream,
As you stand in youth by li
starry stream.
But it's greater still to fight
through
And to say in the end, "
dream is true."

Viola Knoll,
Idaho Falls, Idah

PREFERS BEDSIDE DUTY

DEAR EDITOR: There's noth
more gratifying to me than hon
to-goodness bedside duty
nothing less gratifying than sit
at a desk and shuffling thro
charts (unless it's cleaning
and delivering phone messag

Leave the cleaning and erra
running to the aides, I say.
leave the desk work to the R.
who are cut out for it.

The bedside nursing can
be done by the rest of us—
whom sympathy, understandi
compassion, empathy, patie
and devotion constitute the
meaning of patient-care.

Sophie G. McGrath,
Concord, N. H.

CARDIAC RESUSCITATION

DEAR EDITOR: As your recent
cle points out, it is highly desir
that nurses be trained in the t
nique of cardiac resuscitation.

A few months ago, while

hly efficient, local salicylate-menthol therapy with new GREASELESS-STAINLESS
N-GAY provides safe, low-cost relief of rheumatic pain due to exposure or exertion.

Quick, safe relief of rheumatoid pain with a more efficient topical salicylate

al application of salicylate-menthol pounds is one of the safest and st promptly effective remedies for scle and joint pain due to exertion exposure. Increased percutaneous orption of salicylate, with enhanced od flow through the affected tissues more rapid relief of pain is now de possible by the special water- hable base of new GREASELESS- INLESS BEN-GAY®. In myositis, sitis, arthralgia and arthritis, EASELESS-STAINLESS BEN-GAY or g-acting BEN-GAY (with lanolin base) provide deep, active hyperemia and welcome relief of discomfort. Clinical study[1] has confirmed that BEN-GAY® is one of the safest and most reliable formulae at the physician's disposal for low-cost, local treatment of rheumatic pain. BEN-GAY is available in 1¼-oz. tubes, in two strengths, *Regular* and *Children's*, and in 1¼-oz. tubes, as quick-acting GREASELESS-STAINLESS BEN-GAY.

Thos. Leeming & Co. Inc. N.Y. 17

1. Brusch, C.A., *et al.*: Md. State Med. J. 5:36, 1956.

of our salesmen was demonstrating a new cardioscope at a large hospital in New York City, a patient's heart went into fibrillation. The hospital didn't have a defibrillator. But the salesman had one in his car and he got it.

Believe it or not, the surgeon—who knew the salesman well and knew he'd received training from Beck and Hosler—then turned the case over to our man!

"It scared the living daylights out of me," the salesman told us later. "But the work I'd done in defibrillation and in massaging dogs' hearts helped to save that patient's life."

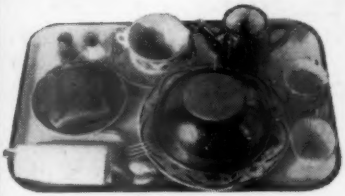
So if one of us equipment peddlers can do a job of this kind, certainly any nurse can!

C. J. Birtcher
President, The Birtcher Corporation
Los Angeles, Calif.

'JOIN—OR ELSE?'

DEAR EDITOR: Your correspondent "Attorney, New Jersey," says his wife, an R.N., has been told that she'll lose her hospital job if she doesn't join the A.N.A.

What's unfair about that? If we nurses expect a hospital to meet employment standards set up by our professional organizations, hasn't the hospital a right to expect



3 to make ready

That's the patient with the right form of VITERRA on his regimen! This comprehensive vitamin-mineral formula is ideal in frank nutritional deficiency states (VITERRA Therapeutic) or in daily supplementation (VITERRA Capsules, VITERRA Tastitabs® and VITERRA Pediatric).

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VITERRA Capsules: 10 vitamins, 11 minerals for balanced daily supplementation. Now in a soft, soluble capsule this small for added patient convenience.

VITERRA Tastitabs: VITERRA the way children like it best. Chew it, swallow it, let it melt in the mouth. Dissolve it in liquids, or add it to the formula.

Or prescribe convenient, delicious **VITERRA Pediatric** in the unique new Metered-Flow bottle.

Dosage: usually one capsule or Tastitab daily.

Supplied: CAPSULES: in 30's and 100's.
TASTITABS: bottles of 100.
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ready to recover
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New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being

letters

us to become A.N.A. member
R.N., Pennsylvan

DEAR EDITOR: . . . Every employe
R.N. should belong to the A.N.
Those who don't join voluntari
should be given this choice: Si
up or don't work.

Frances J. Conklin, R.
Rockton, Ill.

DEAR EDITOR: . . . Can a lawyer pra
tice without being a member of h
bar association? No! . . .

Myrtle Doebler, R.
Mosinee, Wis.

NO WITCHES, THEY

DEAR EDITOR: How wonderful
would be if all of us did a little pe
sonal soul-searching about our a
titudes toward the mentally ill.

By accepting these patients
sick people in need of heartfelt u
derstanding, we could help great
to correct the public's erroneou
notion that they're wild witch
clawing at the walls.

Kathleen Ebbers, R.
Denver, Colo.

MECHANICAL SHAKEDOWN

DEAR EDITOR: Why not shake dow
thermometers mechanically—
central supply? I've heard about
device that handles a dozen or
at once. Besides saving R.N.s' tim
this would minimize the fines som
nurses have to pay for breakage.

Mary M. Sneyers, R.
Newark, N. J.

EN


w to end each day with a smile...
. . . begin it with a pair of Haymakers! Wear the shoe that caters to your comfort, serves you in style. Hand cobbled of fine seamless shells of gentle calfskin and finished for years of foot-pampering wear.
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NOW...A PRE-PACK THAT OPENS ASEPTICALLY

...in one simple motion!

New **S-E Pack** keeps dressing sterile from package to patient. Opens without scissors or string—dressing never touches torn, unsterile edges.

An ingeniously simple wrap now gives you Cover Sponges that remain totally sterile—even during their removal from the package. There's no contact with hands or unsterile edges. Completely aseptic, at a time when strict adherence to aseptic technique is a main line of defense against hospital staphylococcus. [1, 2, 3, et. al.]

In addition to much wanted safety, you have the much proven pre-pack efficiency that yields steady dividends in terms of time gained, labor spared, money saved.

For the latest—and safest—in hospital dressings, see Curity.

1. Burnett, W. E.: *Program for Prevention & Eradication of Staphylococcic Infections.* J.A.M.A. 166:1183-84 (March 8) 1958. 2. Adams, R.: *Prevention of Infections in Hospitals,* Am. J. Nurs. 58:344-48 (March 1958). 3. *Medical Authorities Recommend Ways to Control Infections,* Mod. Hospital 90: March 1958, 51-54.

CURITY Cover Sponges now available in S-E Pack—no additional cost

Curity® S-E* PACK

*T.M.

Bauer & Black
DIVISION OF THE KENDALL COMPANY


ll one motion: pull tab . . . dressing's ready . . . one hand's free

news

Ulcers in Children Not Uncommon, Says M.D.

Nervous tension can produce ulcers in children just as it does in adults, says Dr. Joseph Shaiken of Marquette University.

Among 109 children with recurrent abdominal pain, Dr. Shaiken found twenty-three with ulcers—eighteen duodenal and five gastric.

Youngsters who come from ulcer-prone families are the ones most likely to need careful diagnostic study when abdominal pain is chronic, he adds.

Close Hospital Schools, New Jersey Dean Urges

Nursing is "divided against itself" in its educational concept—and it can't hope to qualify as one of the learned professions until all nursing education is on the collegiate level.

That's the gist of the reasoning behind a proposal advanced by Dean Ella V. Stonsby of Rutgers University College of Nursing, Newark, N.J.

Dean Stonsby recommends the appointment of a gubernatorial interim commission to effect the orderly closing of New Jersey's thirty-five hospital schools and the transfer of all basic nursing education to senior colleges and/or universities.

Among other things, the proposed commission would consider the relocation of hospital-school faculties, the establishment of scholarship and recruitment programs, and the possible development of hospital and public health

Going Up

Nurses at Methodist Hospital, Memphis, Tenn., smile their way from basement to main floor on the first escalator ever installed in a U.S. hospital.

news

facilities as clinical teaching c ters for college students.

The commission, Dean Ston believes, should be composed nurses from both the educatio and service fields and should headed by a nurse-educator. A it might be guided, she adds, b committee of hospital administ tors, legislators, and prominent tizens.

But, says the dean, the pre quisite to all this is the acceptan by New Jersey nurses of "the pr ciple that preparation for nurs at all levels belongs in the insti tions of higher learning."

Two-Ply O.R. Drapes Found Risky

When O.R. drapes—commo two layers of surgical linen—come wet, bacteria may reach sterile field, says a New York St Medical College research team.

Dr. Karl E. Karlson and two sociates find that either multil ered paper or fine-weave fabric fers effective protection. But least three layers of standard li are necessary when drapes bec wet, the researchers warn.

Overcrowding Confronts N.Y. Nursing Schools

U.S. hospital nursing schools soon be overcrowded if the outl in one state is any criterion.

By the fall of 1960, the nurs schools in New York State lack space for some 700 incom

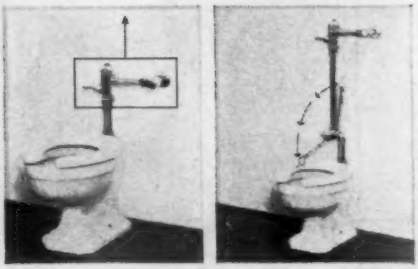
AMERICAN-GRAY DIVERTER VALVE

Hoseless BEDPAN RINSER

Nursing personnel welcome the ease and convenience of the American-Gray Diverter Valve. Cost-conscious administrators like its simple, low-cost installation, minimum maintenance and time saving features. The Amsco-Gray Diverter Valve eliminates awkward hoses where leaks are both dangerous and annoying. Acceptable under the most rigid plumbing codes, thousands of these improved American-Gray Diverter Valves are saving hours and dollars in hospitals and nursing homes throughout the world.

EASY, ECONOMICAL TO INSTALL

Existing flush valve raised to permit short extensions on either new or existing installations, (left). American-Gray Diverter Valve, placed between flush valve vacuum and toilet . . . easy, economical installation, (right). Top, back and side inlets can be accommodated with complete piping between vacuum breaker and toilet.



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Offices in 14 Principal Cities

students, predicts the regent of the University of the State of New York. And, unless something is done to keep pace with the expected rise in enrollment, the shortage of facilities will affect nearly 3,400 by 1970, his report adds.

Scientists Studying Link Between Rain and Pain

To what extent does the weather affect your patients' moods and symptoms? Is it a scientific fact—or just a notion—that arthritics, for example, are miserable on damp days and fairly comfortable on warm ones?

To find out, Philadelphia's American Institute of Medical Climatology is trying to establish a statistical link between meteorologic data and the records of various local hospitals.

The institute also hopes to determine to what degree atmospheric conditions affect accident and suicide rates, the incidence of crime, and the behavior patterns of youngsters and grown-ups.

A Degree—for Free

Fringe benefits for employes don't usually include free college tuition. But they do at Baptist Memorial Hospital in Memphis, Tenn.

There, a nurse is eligible (after

a year's employment) to take degree courses at any local college, and the hospital will pick up the tuition tab.

Prevents Skin Cancer; Side Effect: Beauty

Dermabrasion, a cancer-preventive technique, appears to combine medical treatment with beauty culture. So, in effect, says Dr. Samuel Ayres III in a report to the American Academy of Dermatology and Syphilology.

Microscopic examination of weather-beaten skin shows degenerative changes in connective tissue fibers, he reports. But these changes disappear, he adds, once the skin has been surgically planed. The result: youthful skin.

Precancerous skin lesions, says the dermatologist, occur most often in fair-skinned, blue-eyed persons long exposed to a great deal of sunlight. Dermabrasion, he explains, removes sunlight-damaged skin, including any precancerous lesions that may be present, before weather-beaten "sailor's skin" can become cancerous.

Baby Talk: If Junior's first word is "ma-ma," he's probably unhappy and possibly distressed, say Drs. Ray Bixler and Harold Yeager of

news

the University of Louisville. B "ba-ba," "da-da," and "ga-ga" i dicate contentment, the two ps chologists declare.

Motherhood Made Easy

To make a new mother's first d home from the hospital a bit easie Houston's Baptist Memorial Ho pital is now offering a special g ing-home service. It consists of six-bottle supply of any prescrib formula, all prepared and ready pop into the refrigerator. This su ply—enough to keep Baby a peased for twenty-four hours— put up in a handy pink (or blu carton similar to the familiar s pack soda-pop carrier.

Nine out of every ten new mot ers are said to be using the n service with enthusiasm. Its co $2.

Chinese R.N.s Do Surgery, M.D.s Carry Bedpans

Nurses and doctors in Red Chi are reportedly learning to be "we rounded Communists" by taki over each other's jobs.

A recent broadcast, monitor from the Chinese Communist ra and reported by Dr. Howard Rusk in The New York Times, d scribes doctors at a Peiping hos tal as "serving food, bathing p tients, and carrying bedpans, wh the nurses examine patients, ma diagnoses, and do major surger

The hospital's janitors, Dr. Ru adds, are described as "taking te

whenever
he
starts
to

CHEW

he's
ready
for

Delectavites®

New vitamin-mineral supplement
delicious chocolate-like nuggets

There's nothing easier to give
or take—
than Delectavites.
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the children's favorite...
and tops with adults.

Each nugget contains:	
Vitamin A	5,000 Units*
Vitamin D	1,000 Units*
Vitamin C	75 mg.
Vitamin E	2 Units†
Vitamin B-1	2.5 mg.
Vitamin B-2	2.5 mg.
Vitamin B-6	1 mg.
Vitamin B-12 Activity	3 mcg.
Panthenol	5 mg.
Nicotinamide	20 mg.
Folic Acid	0.1 mg.
Biotin	30 mcg.
Rutin	12 mg.
Calcium Carbonate	125 mg.
Boron	0.1 mg.
Cobalt	0.1 mg.
Fluorine	0.1 mg.
Iodine	0.2 mg.
Magnesium	1.0 mg.
Manganese	1.0 mg.
Molybdenum	1.0 mg.
Potassium	2.5 mg.

*U.S.P. UNITS †INT. UNITS

Dose: One Nugget per day
Supplied: Boxes of 30—one month's supply
Boxes of 90—three months' supply or family package.

Whites

WHITE LABORATORIES, INC., KENILWORTH, N. J.

news

peratures and blood pressures, giv ing injections, taking X-rays, an even examining the heart and lung with stethoscopes."

'Death From the Hospital Nursery'

Under the above title, printed i blood red ink, the Ladies' Hom Journal hit the newsstands las month with an article that un doubtedly raised the blood pres sure of American mothers. Sub ject: staph infection in hospita nurseries.

Quoting liberally from medica publications, the article's author Gladys Denny Shultz, gives frightening account of a situatio long familiar to nurses. Excerpts

¶ "A new, virulent organism ha arisen within the antiseptic wall of the hospitals."

¶ "Staph . . . claimed the lives o seventeen babies at the Houston Texas, city-county hospital in . . two and a half months."

¶ "In maternity wards, breast fed babies transfer the infection t their mothers . . . In one big-cit hospital, eighteen new mother died in a single month from flu an hospital staph."

Implicit in the article is a ple for abolition of the central nursery Rooming-in gets an approving nod but special stress is placed o nurse-midwife-attended home de liveries as the best possible solu tion.

"It must be remembered," say

an accompanying editorial note, "that the lowest maternal death rate ever recorded in this country is that maintained for years by the Chicago Maternity Center at home deliveries in Chicago slums. During the last three-year span, 9,000 home deliveries were conducted by the center without a single maternal death."

Opposition to home deliveries can be expected, says the author, from doctors—as well as from official nursing organizations who are unable "to agree on the kind of prior training and degree . . . nurse-midwives should receive."

Meanwhile, Journal readers are urged to check their hospitals for infection-control programs, rooming-in facilities, and overcrowding of nurseries—and, if dissatisfied with conditions, to "ask your doctor to let you have a home delivery, provided you can have comfortable nursing help, and no serious complications are expected."

Readers are also urged: "Do anything you can to encourage more schools for nurse-midwives [and the] entrance of young women into this work."

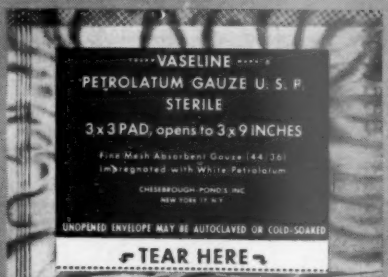
Leaders Pay Tribute To Miss Roberts

". . . She did more to champion our cause than most of us realize."

"Her name will live on in the annals of American nursing . . ."

In comments such as these, the profession's leaders [*More on 86*]

The NEW DUAL PURPOSE



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RN literature and samples

SINUS HEADACHE: This ailment is responsible for 5 million patient visits each year. Sinutab is a new therapeutic agent designed to abort pain, relieve pressure, and provide decongestant and mild tranquilizing action. Literature is offered. WARNER-CHILCOTT LABS. **C-1**

BURNS, ULCERS, OTHER WOUNDS: For lesions that stick to dressings and cause pain on removal, a specially woven viscose fabric impregnated with a non-irritating water-in-oil emulsion is available. It is called Adaptic Non-Adhering Dressing and is sold in sterile, peel-back packages. A sample is offered. JOHNSON & JOHNSON **C-2**

AGING SKIN: A brochure discusses the revitalizing effect of topical female hormones on the skin of elderly people, as revealed by medical and cosmetologic studies. New Ultra Feminine Face Cream, a product which is based on this hormonal principle, is described. HELENA RUBINSTEIN, INC. **C-3**

RECIPES FOR BETTER NUTRITION: Research results indicate that vegetable oils, particularly corn oil, seem to play a unique role in maintaining normal blood cholesterol levels. An attractively prepared recipe book suggests many uses for Mazola Corn Oil. CORN PRODUCTS REFINING CO. **C-4**

DESIGN FOR REDUCING: This is the title of a booklet on the popular subject of doing something about overweight. Low calorie recipes and a meal planning guide are included. RALSTON PURINA CO. **C-5**

DECUBITIS ULCERS: Bedsores continue to be an annoying and challenging nursing problem. A journal reprint provides a helpful study of the subject and a file card on the use of Panafil Ointment is included. RYSTAN CO. **C-6**

SURGICAL LIGHT: The Castle "69" is described as a new top ranking major surgical light at low cost. A descriptive folder includes features, illustrations, and technical details. WILMOT CASTLE COMPANY. **C-7**

BETTER HEARING: A booklet tells about the advantages of the binaural method of balanced hearing, which incorporates principles developed by The Sonotone Corporation. The title is "Hear Better With 2 Ears." **C-8**

CIRCLE DESIRED ITEMS, CLIP COUPON, AND MAIL TO.....

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ORADELL, NEW JERSEY

March, 1959
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[1]**Bonanno, P. J.: Research Report 672-A**

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TAILBY-NASON COMPANY, INC. DOVER, DELAWARE

An easy, practical way to collect

Continuous Urine Specimens From Infants

By Virginia Silvis, R.N.

You may have been frustrated—as our nurses used to be—when trying to collect continuous urine specimens from infants. If so, let me tell you about a simple, effective means we've found of dealing with this problem.

We experimented at first with all sorts of methods—such as taping a receptacle to the infant, using plastic disposable diapers, and placing the infant on a metabolic mattress (one with a small hole in the center and a Buchner funnel beneath it).

But none of these procedures was satisfactory. Here are some of the difficulties we encountered with them:

Specimens were lost through leakage around the receptacle. Adhesive plaster irritated the infant's skin. Urine was contaminated by stool. And often the child had to be restrained.

Finally, we were fortunate

THE AUTHOR *is head nurse of the Metabolic Unit, Heart Nursing Service, Clinical Center, Department of Health, Education & Welfare, Bethesda, Md.*

enough to find a method that eliminates urine loss and minimizes the disadvantages of the other methods. Here are the facts about it:

What You'll Need

Equipment needed consists of two plastic ileostomy drainage bags, one-inch adhesive tape, a half-gallon collection bottle, tincture of benzoin, cotton applicators, and a metabolic mattress.

You start with the preparation of the two ileostomy bags (see the illustration on the opposite page).

After the bags have been readied as directed, you then proceed as follows:

1. Place the baby (in the supine position, with legs apart) on the metabolic mattress.

2. Clean and dry the genital area.

3. With cotton applicators, apply tincture of benzoin wherever the adhesive will touch the skin. (This protects the skin and increases adhesion.)

4. Remove the paper from the adhesive oval.

5. Insert your arm into the bag through the bottom opening. Then, with your fingers, press the adhesive oval around the tinctured genital area. Be sure to keep the lower portion of the adhesive oval anterior to the child's anus.

6. Hold the adhesive in place for about a minute. The adhesive must stick firmly to the perineum, since urine is most likely to collect there and dampen the adhesive.

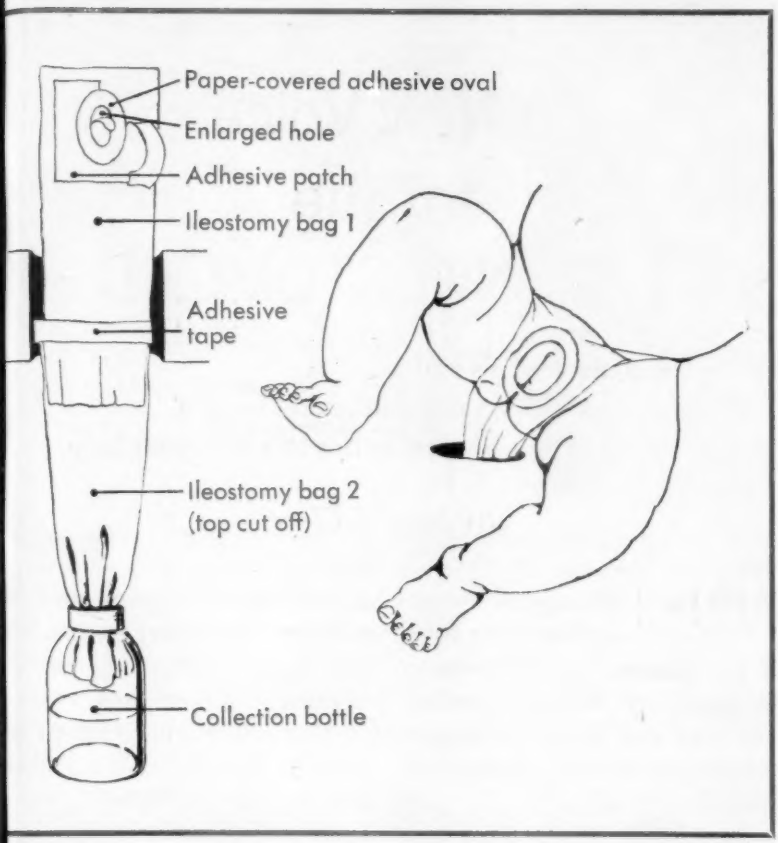
7. Lower the open end of the bag through the hole in the mattress and into the collection bottle under the crib. If the bag is too short, put a stool under the bottle.

8. Keep the infant's buttocks away from the hole in the mattress to prevent stool contamination.

9. Change the bag and cleanse the baby's genital area at least once every 24 hours.

Little Urine Lost

In a recent study of a 4-month-old female, urine was collected for twenty days. The baby's skin showed very little irritation, and total urine loss for the period was only 100 ml. Also: Restraint was not needed and our procedure enabled us to give the little one the necessary T.L.C.



HOW TO PREPARE ILEOSTOMY BAGS FOR CONTINUOUS COLLECTION OF URINE

1. Enlarge existing hole in adhesive patch of Bag 1 by cutting it ovally size of child's genital area. (Do not remove paper that covers remaining area of patch.)
2. Peel back and cut away enough of the paper-covered adhesive around the enlarged hole to leave an oval "frame" one-inch wide.
3. Cut off and discard the top section of Bag 2 just below its adhesive patch.
4. Tuck the bottom section of Bag 1 part way inside Bag 2.
5. Then tape the two bags together with one-inch adhesive. END

A New Voice for the LARYNGECTOMIZED

The patient who's had a laryngectomy can regain his gift of speech. But he needs your help

By John McClear

"Will I ever talk again?"

There's a quiver in the voice of the patient scheduled for a laryngectomy. And no wonder. The very vocal cords he uses to ask the question are about to be taken from him.

Fortunately, the answer to his question is *yes*. He will be able to talk again. He can develop a new voice—an esophageal voice.

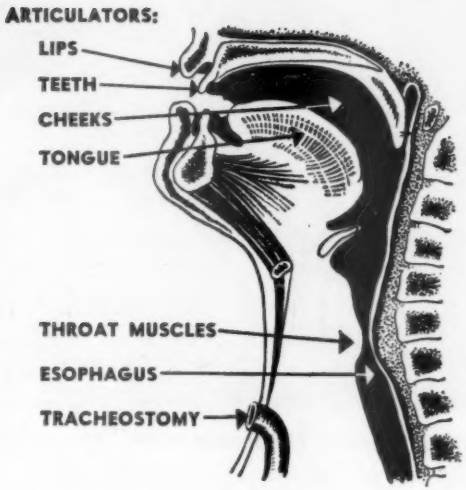
Learning how to do this can begin about ten days after his operation. You will already have taught him how to care for his tracheostomy. He will have learned that this opening into hi trachea is necessary so that, wit his larynx removed, he ca breathe.

You will also have taught hi how to suction his trachea an how to care for his laryngectom tube. So, he'll know his operatio hasn't left him helpless.

Then, with his self-confidenc strengthened, the patient will b ready to start developing his ne esophageal voice—assuming, c course, that the surgeon sees n contraindication for doing so.

The first step in the process i

THE AUTHOR *is Senior Therapist of Esophageal Voice, National Hospital for Speech Diso ders, New York City. He's also on the faculty of the Post-Graduate School of Medicine, D partment of Otolaryngology, New York University.*



TO PRODUCE *esophageal voice, the laryngectomized patient locks tongue against back of upper front teeth and swallows, trapping air in throat and upper esophagus. Air vibrates as he forces it out past throat muscles. He uses articulators to form vibrating air into syllables.*

AUTHOR JOHN McCLEAR *(right) gives Student Fred Bozzone his first esophageal voice lesson. Former Student Elizabeth Breare,* R.N., *takes refresher notes as she looks on.*

NURSE BREARE'S EXPERIENCE *with laryngectomy makes it easy for her to teach tracheostomy care. She's showing Mr. Bozzone how to cover his tracheostomy with a protective gauze square.*

ADDRESSING A GROUP *presents no problems for laryngectomized Author McClear. Here he explains to a class of fellow laryngectomy "graduates" the anatomy that enables them to learn to talk again.*

arning how to pronounce the owels. The voice therapist instructs the patient to put the tip f his tongue against the rear of is upper front teeth or gums. hen he tells him to swallow air ithout moving his tongue. This aps a column of air in the upper ird of the esophagus.

The patient then readies his roat and mouth for the vowel a," after which he forces out the ir in his esophagus using the iaphragm, chest, and throat uscles. The air vibrates as it asses over the narrowed throat uscles (instead of over the now issing vocal cords). The result a broad "a" as in the word father."

The Accent Remains

No change occurs in the pa-ent's breathing or articulation. f his normal voice had an ac-nt, his esophageal voice will ve an accent too.

When he's mastered the first owel, the patient learns the her vowels, then the conson-nts, then syllables. After about irty lessons (the number varies ith each patient), he may well e able to pronounce as many as 20 syllables a minute.

Your job is to get the patient to talk. He needs the practice and assurance that a nurse who's a willing and interested listener can give him. He must not be allowed to become dependent upon sign language or pencil and paper. This takes plenty of patience on your part and his.

A New Sound

The patient's esophageal voice will be deeper and may sound quite unlike his natural voice. But by encouraging him to talk, you get him used to the sound of his new voice and you bolster his confidence.

Once he's mastered the technique, your patient will find that life isn't the different and difficult thing he feared it would be. He won't have to depend on special gadgets or devices to produce a voice for him. He'll even be able to talk on the telephone.

Thanks to the Nurse

I've taught some thousand patients how to develop an esophageal voice, and I know what it means to them to be able to speak again. I also know that an understanding nurse can help a laryngectomized patient realize that it is speech, not silence, that is golden. END

MEETING YOUR PATIENTS' RELIGIOUS NEEDS

When today's nurse ministers only to her patients' physical needs she's giving less than total patient-care. This article and handy chart help you recognize and respond to spiritual needs as well

By Clare Phillips, R.N.

Authentication of the statements made in this article and in the chart (see pages 46-47, 50-51, and 54-55) was obtained from The Catholic Hospital Association, the Council on Clinical Training, the Department of Pastoral Services of the National Council of the Churches of Christ in the U.S.A., and the Chaplaincy Commission of the New York Board of Rabbis

The Protestant pre-op patient at Catholic Hospital was extremely nervous. Finally her nurse asked her if she wouldn't like to see a minister. When she gladly said yes, the nurse made arrangements. The minister soon arrived and spent half an hour with the patient and gave her communion.

His visit seemed to work wonders. The patient went into surgery composed and confident.

At Municipal Hospital a new diabetic patient refused to accept the first tray of food brought to him to start a strict diet. The supervisor was about to call his doctor when she thought to check the patient's registration card. Learning that he was an observant* Jew, she immediately assured him that only kosher foods would be included in his diet. He happily accepted a fresh tray at once.

In the maternity ward of the same hospital, a Catholic mother gratefully pressed the hand of her nurse. Both she and her family were greatly comforted because the nurse had remembered to baptize her still-born son.

In each of these instances the nurse understood the vital role religion plays in the lives of many of her patients. She understood that spiritual help is often of great therapeutic value. She further understood that such help most often comes through a careful observance of the religious beliefs and rites embraced by each patient.

Most hospital administrators now accept the idea that complete patient-care should include

*The term *observant* used in this article and in the accompanying chart describes those Jews, both Orthodox and Conservative, who adhere to the traditional body of Jewish ritual.

CHECK-LIST OF RELIGIOUS RITES

OCCASION: BIRTH

	Jewish	Protestant	Roman Catholic
GENERAL PRECEPTS	Jewish infants aren't baptized . . . It's a basic ritual among all Jews that male babies be circumcised on the eighth day after birth. (Circumcision of an infant in poor health may be postponed.) If the baby is still in the hospital on the eighth day, the father or another member of the family will want to consult a rabbi with regard to the religious ritual. The nurse will interpret to the family the regulations of the hospital regarding cir-	Emergency baptism should be performed on all Protestant infants in danger of death, with the exception of Baptists and Disciples of Christ. If possible, a baptized person should be present as sponsor. If none is available, anyone present may serve as a witness.	Emergency baptism must be conferred on every Catholic infant in probable danger of death; on every monstrosity; on every stillborn and aborted fetus, whatever its stage of development, unless it is certainly dead. *For purposes of baptism* the only certain sign of death is noticeable corruption. A baptized fetus should be buried in a Catholic cemetery.
WHAT TO DO	Nothing.	Call a minister. But if there's danger of death and the minister may	Call a priest. But if there's danger the infant will die before the priest arrives, anyone may

religious ritual. The nurse will interpret to the family the regulations of the hospital regarding cir-

WHAT TO DO	Nothing.	Call a minister. But if there's danger of death and the minister may not arrive in time, anyone may baptize. Pour water on the infant's head (not merely on the hair), saying simultaneously: "(Name), I baptize you in the name of the Father, and of the Son, and of the Holy Spirit. Amen." If the child hasn't yet been named, use the equivalent of "Baby Boy Smith." Excess water must be poured off onto the ground. If cotton was used to wipe baby's head, it must be burned. Later, report all available information about the infant to a clergyman of his denomination.	Call a priest. But if there's danger the infant will die before the priest arrives, anyone may and should baptize. Pour water on the infant's head (*not* merely on the hair), saying simultaneously: "I baptize you in the name of the Father and of the Son and of the Holy Spirit." Water must flow on the skin. Giving a name is not essential . . . If it's a medically dead fetus still enclosed in membranes, immerse it in a basin of water, break the membranes, and pronounce the words while moving the fetus about in the water . . . In an incomplete delivery, pour water on the presenting part; baptism should later be repeated if a part other than the head was first baptized . . . If the infant is likely to die *in utero*, a medically qualified person should attempt baptism *in utero* with a sterile syringe containing sterile water; the membranes must be pierced before the water is released; after delivery the baptism should be repeated. Following such a baptism, report all available information about the infant to the priest.
WHAT TO PREPARE	Nothing.	A glass of warm water, a spoon, and absorbent cotton.	In most cases, a glass of warm water and absorbent cotton; for baptism *in utero*, a sterile syringe with sterile water and a sponge; for an aborted fetus, a basin of warm water.

careful attention to the patients' religious needs. They recognize clergymen as full-fledged members of the therapeutic team.

Some hospitals have resident chaplains; others don't. In either case a carefully worked out plan can help meet the religious needs of patients of all faiths. Here's how such a plan is usually developed:

First, the hospital administrator secures a church directory of the community, usually available from the Chamber of Commerce or a church association. Next, a committee from the hospital, including nursing supervisors, meets with clergymen of the principal local faiths. They work out a guide to cover the needs of patients in each religious group.

This guide is discussed at a staff conference. It's then added to the ward procedure book. Names, addresses, and phone numbers of clergymen who've agreed to be on call are included.

A plan such as this makes good sense. But not every hospital has one that's as well organized. To help fill the gap, *RN* offers the accompanying chart.

The items in this chart may be considered as standing orders. In addition, clergymen of all faiths recommend certain general principles. An experienced hospital chaplain, talking to a nurse, might put it this way:

"Remember that the clergyman's visit should be arranged to give the patient the most help possible. For example, if the patient's on the critical list and you think my visit will alarm him, let me know at the door. I can then handle the situation properly.

"If possible, I like to visit the patient while he's conscious. And I like to talk to him while he's rational.

"I'd appreciate it very much if you'd withhold any routine narcotic injections until after I leave. But if the patient's in extreme pain, it would be cruelty in the name of religion to withhold comfort.

"If the patient's a stranger, it's best for the duty nurse responsible for him to meet me on arrival. She can give me a brief run-down on his condition. We can then decide, on the basis of her understanding, whether he'll want the privacy of screens or curtains during my visit. And she can introduce me to the patient.

"It's very helpful if the nurse records the date and time of my visit, my name, and any rituals or

"Man has always stood in need of the spiritual help that his own religion held out to him."

So writes Psychiatrist Carl Jung in "Modern Man in Search of a Soul." And with this statement many an experienced nurse whole-heartedly agrees. She's found that it's important to her patients' welfare that she be alert to a confusing variety of religious beliefs. Consider these, for example:

Seventh Day Adventists eat no meat or fish . . .

Jehovah's Witnesses usually refuse surgery, blood transfusions, and the like . . .

Eastern Orthodox and Polish National Catholics ask for a priest not only of their own faith but of their own nationality . . .

Some "devout" agnostics and atheists resent the presence of a chaplain or clergyman of any faith.

Realizing the importance of meeting religious needs, RN *has compiled the accompanying chart for handy reference. In this chart are listed the basic rites of the three major religions in the U.S. Here are other basic points to remember about each of these religions:*

(1) Judaism. *This includes Orthodox, Conservative, and Reform branches, each varying in its observances. So you'll want to find out which group your Jewish patient belongs to.*

(2) Protestant. *This embraces dozens of denominations with varying theological beliefs. Among them are the so-called "bridge" churches: Episcopalian, Lutheran, and Moravian. While generally referred to as Protestant, such churches actually stand between Protestantism and Catholicism. Their members greatly prefer clergymen of their own church.*

(3) Roman Catholic. *This church has no subdivisions. The Eastern Orthodox, Polish National Catholic, and Anglo-Catholic are separate churches.*

By learning the rites listed in this chart, you'll be better able to give religious help to all your patients. And you'll have the satisfaction of knowing you can respond promptly and effectively to spiritual needs as well as to physical needs.

More▶

Check-List of Religious Rites *(Continued)*

OCCASION: DEATH

	Jewish	Protestant	Roman Catholic
GENERAL PRECEPTS	When a Jewish patient dies in the hospital, a rabbi, or some responsible member of the Jewish community, will make proper arrangements for burial . . . Since many Jews are opposed to autopsy for religious reasons, a rabbi, or some responsible member of the Jewish community, should discuss the matter of autopsy with the deceased's family.	Most Protestant denominations don't observe last sacraments. Those that do, administer them before death. There's no moral objection to autopsy among most Protestants.	Every Roman Catholic should receive the last sacraments (penance, Communion, and extreme unction) before death. But penance and extreme unction can be administered conditionally up to several hours after medical death has occurred. The patient's body should not be wrapped in a shroud until after the last rites have been administered . . . There's no moral objection to autopsy performed in accordance with the provisions of civil law . . . The deceased Catholic patient should be given Catholic burial . . . When there are no relatives to claim the body, the Catholic chaplain, or pastor of the parish in which the death occurred, should be asked to arrange for burial.
WHAT TO DO	Notify a rabbi or some responsible member of the Jewish community. Provide routine care for the body after death, as prescribed by your hospital.	Call a minister. Provide routine care for the body after death, as prescribed by your hospital. Place arms at the sides, or fold them; close eyes.	Call a priest. When he's finished his ministrations, provide routine care for the body after death as prescribed by your hospital.
WHAT TO PREPARE	Nothing.	Nothing.	A table covered with a white cloth, preferably of linen, a crucifix, holy water and ritual, two

OCCASION: SERIOUS ILLNESS, MAJOR SURGERY, EXTREME OLD AGE

WHAT TO PREPARE	Nothing.	Nothing.	A table covered with a white cloth, preferably of linen, a crucifix, holy water and ritual, two

OCCASION: SERIOUS ILLNESS, MAJOR SURGERY, EXTREME OLD AGE

	Jewish	Protestant	Roman Catholic
GENERAL PRECEPTS	Except where postponement may be harmful, observant Jews may not want to undergo surgery on the Sabbath (after sundown Friday to after sundown Saturday) or on Holy days.	Prayer and pastoral counseling are usually welcome to Protestant patients who are seriously ill or in danger of death. Members of the "bridge" churches (Episcopalians, Lutherans, Moravians) may want the sacraments of Holy Communion, penance, and unction.	Patients in certain danger of death are obliged to receive the sacraments of penance, Holy Communion, and extreme unction. They're entitled to receive extreme unction even when danger of death is only probable. (A hospital's "critical list" designation is roughly equivalent to the theological concept of probable danger of death.) . . . Viaticum (Holy Communion for those in danger of death) doesn't require previous fasting . . . Major amputated members should, if reasonably possible, be buried in consecrated ground.
WHAT TO DO	Call a rabbi.	Call a minister, preferably one of the patient's own denomination, who will tell you what to prepare.	Call a priest, if possible, before any sedatives are administered and while the patient is still conscious. Try to arrange complete privacy for confession (penance) . . . Elevate patient slightly for Communion. Arrange bed covers so that patient's feet may be easily uncovered for anointing.
WHAT TO PREPARE	A copy of the Jewish Holy Scriptures and a Jewish prayer book, written in both Hebrew and English.	For Holy Communion, a table covered with a clean cloth and whatever else the minister suggests, such as a glass of water.	For Communion, a table covered with a white cloth, preferably of linen; a spoon; glass straw; glass of water; crucifix; holy water and ritual; two candles (these shouldn't be lit if fire laws prohibit). For extreme unction, add six small balls of cotton on a dish (these should afterwards be disposed of by burning separately from ordinary hospital refuse).

rites I perform. I need this for my parish records. I also need to know the date and time of any emergency baptisms. This record should include the names of the mother and father and of the doctor or nurse who performed the rite.

"In general, all clergymen on call want to be notified of admissions, births, deaths, and scheduled operations—either direct or by having access to hospital records.

"One of the most important services you as a nurse can render is to notify the clergyman at once when a death occurs. He'll tell you if there's an immediate rite he should perform.

"In summary: Please do your best to anticipate the patient's spiritual needs. Even if he doesn't ask for a clergyman, it's usually wise to summon one when he seems overly anxious about a personal matter, when a serious operation is scheduled or when there's danger of death."

Religious convictions are deep-rooted. The nurse who conscientiously works with such convictions and not against them, often finds new joy in her tasks. For she sees the results in the behavior of her patients: namely, less fear, more peace—and occasionally the silent thanks of the man or woman who meets death without protest.

This observant Jew is concerned at the prospect of undergoing a G.I. series on a Holy Day. "We'll try to have it postponed at least until the third day of Passover," promises the rabbi.

Spiritual comfort often wears a mundane cloak. Here a Protestant chaplain assures a long-term ward patient that his rent's paid and there's food in the family larder.

Her parish priest administers Holy Communion to a Catholic woman facing surgery. Her nurse knows she'll be easy to prep, after receiving the sacrament.

More▶

Check-List of Religious Rites *(Continued)*

OCCASION: SPECIAL RELIGIOUS OBSERVANCES

Jewish

Copies of the Jewish Holy Scriptures and Jewish prayer books, written in both Hebrew and English, should be available for Jewish patients . . . If the patient or his family requests, the Sabbath and Jewish Holy Days should be kept free of treatments and procedures that can be postponed without injury.

Protestant

Communion and baptism (penance and unction in the case of the "bridge" churches) are administered at the bedside when requested by the patient. For Communion, offer to hold the patient's breakfast until after the ceremony.

Roman Catholic

Holy Communion is often administered to Catholic patients on Sunday morning and sometimes daily. Except for those in danger of death (who are subject to no obligation of fasting before Communion), those who are to receive Communion are required to observe beforehand certain dietary rules known as "the eucharistic fast." Plain water *never* violates the eucharistic fast. Those who are sick, even though not in danger of death, are allowed to take medicine (either liquid or solid) and/or any non-alcoholic drink up to the time of receiving Communion. But they're required to abstain from solid food and alcoholic beverages for three hours immediately prior to Communion.

DIETARY RULES

Jewish

Observant Jews eat only Kosher (permissible) meat, fish, and dairy products. These are prepared in utensils and served in dishes that have been cleaned and kept separate in a ritually prescribed man-

such patients with a protein substitute diet, served on paper plates. If the patient's medical diet re-

Protestant

Many Protestants observe rules of fasting (only one full meal a day) and abstinence (no meat). It's wise to ask the patient about special dietary rules he prefers to follow, then check with his doctor to see

Roman Catholic

On all Fridays and on certain other days of the year, Catholics from the age of seven are required to abstain entirely from meat. (On certain other days, partial abstinence obtains —i.e., meat is permitted only at the one principal meal.) The truly sick will often be ex-

week-days of Lent and on certain other days. Catholics between the ages of twenty-one and fifty-nine are subject to the law of fasting. This law doesn't apply to the genuinely

utensils and served in dishes that have been cleaned and kept separate in a ritually prescribed man-

to ask the patient about special dietary rules he prefers to follow, then check with his doctor to see

certain other days, partial abstinence obtains —i.e., meat is permitted only at the one principal meal.) The truly sick will often be ex-

such patients with a protein substitute diet, served on paper plates. If the patient's medical diet requires him to have milk and meat products at the same meal, serve the milk products *first*. During Passover, the observant Jew will not eat leavened products or drink liquids containing grain alcohol. When dietary problems arise, it's advisable to call a rabbi to discuss the matter with the patient.

week-days of Lent and on certain other days. Catholics between the ages of twenty-one and fifty-nine are subject to the law of fasting. This law doesn't apply to the genuinely sick for whom fasting would be detrimental or exceptionally difficult. It may be taken as a practical rule that patients in hospitals are exempted from this obligation. In case of doubt, consult the doctor and a priest.

HOW TO ADDRESS THE CLERGY

Jewish	Protestant	Roman Catholic
Rabbi.	Mister or Doctor. When in doubt, Mister (never Reverend). Lutheran ministers are usually called Pastor. Many Episcopal priests are called Father.	Father.

END

Reprints of this article will be made available, at cost, if the demand is sufficient. Address inquiries to RN, Oradell, N.J.

NURSES ON STAMPS

Whether or not you're a collector, here's striking evidence of your profession's growing prestige: Nation after nation in recent years has recognized the nurse's importance by issuing a stamp in her honor. Pictured here are twenty issues that philatelists say would give you a fine start on a collection of "nurses on stamps."


AUSTRALIA
3½


20f MAGYAR POSTA


6


POSTA R.P.ROMINA


CANADA
5


ČESKOSLOVENSKO
20h


Guatemala Aereo


500
250


4c
CUBA


NORGE
20


60h
+40h


REPUBLIK
ÖSTERREICH


24
DEUTSCHE
DEMOKRATISCHE REPUBLIK

Accidental Poi

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al Poisonings

How You Can Help Prevent Them

By Morton J. Rodman, Ph.D.

The doctor at the other end of the telephone line names a household detergent and asks: "What's in it that's toxic?"

"One moment, Doctor," says the R.N. at the poison-control center. Four quick strides and she's at a card file. Her deft fingers flip a few cards; she plucks one out. Back at her desk, she picks up the phone and looks at the card as she speaks:

"Its only toxic ingredient is cresylic acid, 3 per cent. Shall I give you the other ingredients and the recommended treatment?"

"Yes. Go ahead," says the doctor. He's calling from the home of a 2-year-old girl who got hold of a bottle of the detergent and drank some.

Digging up information doctors need to treat patients who have swallowed poison is but one function of nurses at poison-control centers in hospitals throughout the country. Another function is to teach people how to avoid accidental poisonings.

Opportunity for such teaching is, of course, not limited to poison-control-center personnel. *You* can spread the word, too. And your ounce of prevention may well be worth more than any pound of cure.

Statistics on accidental poisonings make it clear that prevention is needed in wholesale

THE AUTHOR *is a consultant to the U. S. Public Health Service Accident Prevention Program and an adviser to the New York City Poison Control Center and the New Jersey State Department of Health.*

lots. Approximately 1,500 people died in 1957 after accidentally swallowing substances not intended for human consumption. Countless others were rushed to hospital emergency rooms.

Nearly a third of the victims were youngsters under 4 years old. In fact, poisons kill more children than all the following diseases put together: diphtheria, polio, scarlet fever, whooping cough, German measles, and rheumatic fever.

Yet many cases of poisoning aren't even recognized or reported. Often, that's because no one saw the youngster take the poison. Another reason is that symptoms of some poisonings are similar to those of other illnesses.

Lead encephalitis, for example, may be diagnosed as polio. Lung inflammation caused by kerosene may be called pneumonia. Arsenic's effects may be mistaken for those of an acute gastroenteritis caused by bacteria.

But fatalities are only a small percentage of all poison cases. For every child who dies, many more are left crippled for life.

One swallow of lye, for example, may destroy the esophagus. Eating a couple of mercury bichloride disinfectant tablets can damage kidneys beyond repair. And drinking cleaning fluid that contains solvents like carbon tetrachloride often causes permanent liver injury.

How do home [*More on* 80]

No happy returns

It happened at the aircraft plant where I was an industrial nurse. The doctor in charge was young but extremely serious and businesslike. One day he was giving a routine physical to a new employe, a young lady who obviously distrusted the whole procedure.

When the doctor started to place his stethoscope inside her low-necked blouse, it was just too much for her. Angrily, she pushed his hand away and shrilled, "Say, whaddya think this is—ya birthday?"

—R.N., WASHINGTON

The New Female Sex Hormones

By Morton J. Rodman, PH.D.

Biochemistry still has a long way to go before the chemists are able to say to those marvelous, minute chemical producers, the endocrine glands: "I can do anything better than you can."

But at least the endocrine chemists are making bold progress in that direction. For they're now producing a family of synthetic progestogens that are much more powerful than progesterone itself. These steroids, together with certain other new uterine-relaxing hormones, already are showing remarkable results.

Properly administered, these two families of hormones can:

¶ Prevent pregnancy or help to maintain pregnancy;

¶ Prevent or control severe menstrual pain and irregular or excessive bleeding;

¶ Prevent habitual abortion;

¶ Prevent premature labor and promote shorter labor.

To understand how the new synthetics do their work, we need to "go to class" for a moment and review the endocrine mechanism of the menstrual cycle and of pregnancy.

Essentially, the uterus is in-

THE AUTHOR *is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N. J.*

fluenced by two types of ovarian hormones: estrogen and progesterone. Here's what happens to produce the progesterone, in which we're interested:

Steps in Its Production

1. During the first half of the menstrual cycle, the anterior pituitary gland secretes certain gonadotropic hormones.

2. These cause the ovarian follicle to mature and to release its egg.

3. After ovulation, the gonadotropic hormones convert the ruptured follicle into a corpus luteum.

4. A second pituitary secretion, the luteotropic hormone (LTH), stimulates the corpus luteum to secrete progesterone.

5. Progesterone prepares the endometrium for receiving and nourishing the ovum. Under the hormone's influence, the uterine mucosa grows rich with blood and glandular secretions. The fertilized egg attaches itself and begins to grow.

6. Later in pregnancy—near the end of the third month—the placenta takes over to secrete still more progesterone. Now, the hormone has a quieting effect on the myometrium, the uterine muscle. This keeps the myometrium from contracting and causing loss of the fetus.

Here, then, is the mechanism into which the doctor introduces the new synthetics. He may use them to influence the stages prior to progesterone production. Or, more commonly, he may use them as an immediate substitute for progesterone in case of a deficiency.

A New Contraceptive

A controlled experiment with the new norethynodrel (Enovid) provides a startling example of the contraceptive effect that such drugs may have. This steroid, given orally, interferes with gonadotropin production of the pituitary gland. Without gonadotropic stimulation, the ovaries fail to produce ova. Without ovulation, obviously, there can be no pregnancy.

For more than two years, patients in Puerto Rico have been taking a daily tablet of norethynodrel on twenty days of each month, as an oral contraceptive. Not a single pregnancy has occurred among those who've followed instructions.

Some quit the experiment because of nausea, headache, and

dizziness. But most have reportedly found the drug safe and acceptable.

Women already pregnant apparently aren't harmed by norethynodrel. The fetus continues its normal development.

More study is needed, of course, before the drug's safety and reliability as a contraceptive can be proved. In the meantime, it and other steroids are being used to relieve dysmenorrhea. By preventing ovulation, they may prove a monthly boon to millions of women who are now plagued by severe cramps.

Norethynodrel has also been highly successful in treating functional uterine bleeding—the kind that occurs without any organic cause. In menorrhagia (excessive bleeding during a regular menstrual period) a single tablet sometimes controls the flow. In metrorrhagia (ir-

Corpus Luteum Hormones—Natural and Synthetic

Progestational Hormones (Progestins or Progestogens)

The proprietary name or synonym of each drug appears in parentheses following the official, generic, or chemical name.

Progesterone, U.S.P. (Lutocyclin, Progestin, Proluton, et al.)
Ethisterone, U.S.P. (Lutocylol, Pranone)
Hydroxyprogesterone caproate, N.N.R. (Delalutin)
Hydroxyprogesterone acetate, N.N.R. (Prodox)
Norethindrone (Norlutin)
Norethynodrel (Enovid[1])
6 methyl-17-acetoxyprogesterone (Provera[2])
9 bromo-11-ketoprogesterone (Braxarone[2])

Non-Progestational Uterine-Relaxing Hormones

Lututrin, N.N.R. (Lutrexin)
Relaxin (Releasin, Cervilaxin)

[1]This product actually contains norethynodrel plus a small amount of added estrogen. [2]These products are still on clinical trial.

regular profuse bleeding) a daily dose may be needed for a week or ten days. This may first increase the flow as the drug does a sort of "medical curettage." But later, bleeding stops and the normal menstrual cycle returns.

Perhaps the [*More on 76*]

New Oral Drug Helps Diabetes Control

By Morton J. Rodman, Ph.D.

Scientists have taken a second important step toward oral control of diabetes. And further progress is expected soon.

First break-through in this vital field came with the marketing of tolbutamide (Orinase). Now chlorpropamide (Diabinese) is available. This drug, closely related to tolbutamide, has high potency and long-lasting action. Chlorpropamide works in an hour. One dose drops blood glucose to a low level, keeps it there for 24 hours or more.

It works best for adults with mild to moderate diabetes that diet alone can't control. Four out of five patients on chlorpropamide can get along without any Insulin. Others can cut their Insulin intake to less than half.

Its drawbacks? It doesn't help patients who develop diabetes in childhood, those with unstable or "brittle" diabetes, those who need large daily doses of Insulin.

The doctor must be alert to overdosage dangers, especially during early days of treatment. And small daily doses are recommended to reduce the possibility of side effects.

Even so, chlorpropamide is a valuable new medical tool. And doctors already are testing still newer oral diabetes drugs such as metahexamide (Euglycin) and phenformin (DBI). Maybe one of these will come even closer to being the long-sought oral substitute for Insulin. END

CYSTIC FIBROSIS

Big Gains in a Small War

By Marjorie Ressel, R.N.

Still another deadly child-killer —cystic fibrosis—is beginning to be brought under control.

Twenty years ago, when this disease was first identified, most of its victims died early in infancy. Now, the majority of the 7,000 babies it attacks annually survive infancy; and some survive into their teens and twenties.

What accounts for all this? Three things, say the experts: early detection, continued treatment, and research.

Early detection has been beset by diagnostic difficulties. The usual symptoms (chronic cough; dyspnea; slow and inadequate weight-gain; and bulky, foul-smelling diarrhea) can also be associated with other conditions —such as asthma, bronchitis, celiac disease, or bronchopneumonia.

But diagnostic mistakes are no longer justifiable. Today, cystic fibrosis suspects can be screened quickly by a simple test based on the fact that its victims excrete an unusually high concentration of salt in their sweat.

The cause of the disease is still unknown. So current treatment is aimed at relieving its symptoms. Most of these are associated with the phenomenally thickened secretions of the mucous glands. This gummy mucus not only clogs the respiratory tract, leading to obstruction and infection, but cuts off digestive enzymes from the pancreas by clogging the ducts.

Antibiotics given by mouth

and by aerosol against infection limit respiratory trouble. A high-protein, low-fat diet, supplemented with pancreatic enzymes, aids digestion and helps overcome the pancreatic deficiency. And because these children have a tendency to heat prostration (due to rapid loss of body salt), extra salt intake (2 to 4 gm. a day) is recommended. General supportive therapy rounds out the program.

More and more victims of cystic fibrosis are reaching adolescence. So the prognosis is not hopeless for those who survive infancy. END

Getting Along With The Small Fry

By Deane Armstrong, R.N.

Your first contact with a child is critical. As you size him up, he's sizing you up, too. If you put on an act, he'll detect it at once.

My method is to ignore him at first, especially if he's shy. Then I make a bid for his confidence.

How? Usually, I take my cue from him. When he makes his first move, I respond at once—but with restraint. No baby talk, no gush; just quiet, genuine friendliness. I say relatively little. But what I *do* say I try to make him believe.

He soon learns that when I say "This won't hurt," it won't. If it's going to hurt, I tell him so—with no hint of apology in my voice. I smile if that's what he seems to want. I never try to bribe him. I may put my arms around him, but not till I'm sure he won't dislike it.

A child won't get bored if you keep your voice low, speak clearly, and really convey something.

Plant the idea of discipline firmly at the start—then stay with it. The child will almost always do his part.

My Lamp Is Relighted

BY RUTH T. A. MATHEWS, R.N.

"What goes on here?" I asked myself that first morning. Never had I seen a sight so appalling: Ward nurses were standing idle while helpless and handicapped patients struggled with their own morning care. Worse still, the nurses were egging the patients on!

"So this is rehabilitation!" I thought, grasping for the first time the peculiar aspect of my new assignment. For here I was—after twenty-one years of traditional hospital routine—suddenly transplanted to a do-it-yourself institution. I was not only literally 1,000 miles from home base but figuratively that far from my basic concept of nursing care.

The whole thing went against my grain. Could I ever watch an invalid try to bathe himself and do nothing to help him? Could I learn to accept this strange principle of self-care?

I doubted it. Yet I had no choice but to try. So I straightened my cap, set my jaw, and plunged in.

Frequent remissions marked my month-long indoctrination. Again and again I had to be reminded to let the patient alone. It was his right, his *privi-*

lege, I was told, to learn self-care. And I mustn't intervene.

Here was a man trying to brush his dentures (or lace his shoes) with his one useful hand. Here was an amputee struggling to get up after falling to the mat in the corrective therapy clinic. What to do about it? Nothing.

In the dining room there was the inevitable urge to cut a man's meat or butter his bread. But I did not do it. My self-restraint would prove I was learning.

And I *was* learning. I was beginning to see that self-help,

How Ultrasonic Cleaning Can Lighten Your Workload

By Vivian L. Legge, R.N.

The sweetest sound to a nurse may be one she can't hear—namely, *ultrasonic sound*. For ultrasonic (inaudible) sound is the cleaning agent used in several new machines that can reportedly get up to 100 surgical instruments or eighty syringes spotless in approximately fifteen minutes. They then need only be wrapped and sterilized.

Ordinary washer-sterilizers will generally rid instruments of pathogenic organisms. But protein matter—e.g., dried blood or tissue—hidden in crevices and serrations may remain.

This protein matter not only can be a culture medium for bacteria but also may contain pyrogens that cause reactions if introduced into the blood stream. Ultrasonic cleaning is said to rout out such matter completely.

Here's how you operate a manual-model ultrasonic cleaning machine and what it does:

You lower a basket of instruments into a detergent solution in one of the machine's three compartments. Prerinsing isn't necessary.

roperly taught, could be better edicine than routines that encourage invalidism.

I still had a few doubts. But y the end of the month I was mpletely converted. One thing particular "sold" me:

I saw one of my older patients, once a helpless invalid, rehabilitated enough to leave the hospital. He had been reunited with his family and was now able to care for all his personal needs.

From a nurse's point of view, I, as well as the patient, had been rehabilitated! END

You then flick a switch, sending an electric current into generator where the current is converted into electrical nergy. Stacked nickel plates or titanium crystals (transucers) convert this electrical energy into mechanical nergy. The mechanical energy takes the form of sound aves vibrating so fast they're inaudible to humans.

As the sound waves pass through the detergent bath, ubmicroscopic bubbles form and implode (collapse inard). This action, called "cavitation," exerts a terrific ull that removes every particle of dirt.

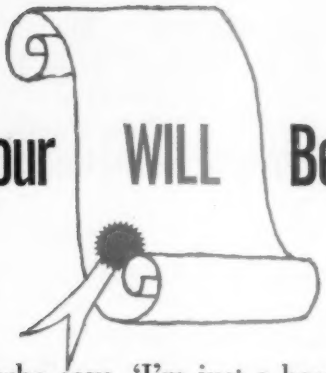
You next transfer the basket of instruments to the secnd compartment. There, sprays of hot water rinse away he detergent and loose soil.

You then place the instruments in the third and last ompartment where hot air blows them dry.

To operate an automatic model of the ultrasonic cleaner, you place the basket of instruments in the machine's ingle compartment and set the controls. The ultrasonic ash-rinse and hot-water spray-rinse proceed automatically. You can then hot-air dry the instruments in a comanion machine, if necessary.

Cavitation or "cold boiling" won't harm delicate glass r "sharps." Neither will it harm your hands. You feel nly a slight tingling sensation in them. And when you ee how ultrasonic cleaning can lighten your daily workoad, you may well tingle with pleasure all over. END

Let Your WILL Be Done



To the nurse who says, 'I'm just a hard-working R.N. I've got little or no property. I don't *need* a will,' this lawyer says, 'Don't be too sure! There are dangers in *not* making a will, even in your case'

By Allan J. Parker, LL.B.

Everyone has a will, really. The only question is whether you and your attorney write it to your own satisfaction, or you let the state write it for you.

If you die without a will (*intestate* is the lawyer's word), the law simply distributes your property in the way the lawmakers think you would choose. And that's likely to be a far cry from what you really want.

Now for the argument, so often heard, that "I haven't property enough to justify making a will."

Maybe you *aren't* loaded down with stocks and bonds and mortgages. But you probably have something—such as savings, a car, furniture, some life insurance, annuities, or pension-plan credits. Whatever the items, they all may become part of your estate.

"Estate?" you say. Sure. Some-

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one has to pay your bills and distribute what's left. So, if you haven't named an executor (by making a will), the court will appoint one for you. And he'll be paid for his services out of your estate, according to a percentage set by law.

The Costly Way

At best, the operation of the law's will (instead of your own) is likely to be cumbersome and expensive. For example, if you have minor children, a legal guardian will be appointed to act for them. This means court appearances, counsel fees, forms, and red tape—with a resultant drain on the scanty funds of a small estate. Then, too, the court may be obliged, because of blood relationship, to appoint Cousin Millie, who never did like your children.

At worst, the law's distribution of your property may be the exact opposite of what you want. Although statutes vary from state to state, a typical provision gives one-third of a married person's distributable estate to a surviving husband or wife and two-thirds to their children equally. Where there are no children, it all goes to the spouse. The property of a woman without husband or children usually goes to her parents, with brothers and sisters sometimes sharing.

Take the case of a nurse I'll call Mary Babcock. Widowed early, she returned to nursing to support her two children. Through judicious investment of a little money left to her by an aunt, she was able to accumulate a fair nest egg for retirement. But in middle age she nursed and subsequently married a well-to-do contractor. They lived contentedly for some years, until one night their car tangled with a telephone pole.

Mary was killed instantly. Her husband survived a few days. Neither left a will. Their property consisted of joint bank accounts, a jointly owned home, and her personal savings jointly held. The entire estate went to the legal heirs of the husband, bypassing the nurse's own children.

What You Must Decide

Once you realize the importance of making a will, you'll find yourself asking many questions on which you need professional advice before deciding:

Should I leave my property equally to my children? Or

should I consider their unequal needs and earning power?

Should I specify who's to get the Persian rug, Aunt Caroline's pearl pin, and the family silver? Or is this likely to lead to complications and bad feelings, if the pin is lost before my death?

Should I make provision for what's to happen if I die in a common disaster with my mother? Whom should I appoint as trustee or guardian for my adopted daughter?

Consider all such questions carefully. Talk them over with your family and your lawyer. For even though the law allows you to write your own will, the best advice is: *Don't.*

True, that printed form on sale at the stationery store, the sample will shown in that legal textbook you saw in the library, and that copy of Uncle Dan's will in your files were all drawn up by lawyers. But in no case was the lawyer *your* lawyer. So he didn't have *your* problems and *your* family in mind any more than the intestacy laws do.

In other words, as far as wills are concerned, the do-it-yourself idea is a risky one. Some states, for example, require two witnesses, others require three.

Again, extreme care is needed in changing a will: You can't just scratch out a few words and insert new ones. To do so may sometimes even invalidate the whole document. [*More on 84*]

A *case of punctuation*

The patient's complaint was ulcerative colitis of many years' standing. For the edification of another patient in the clinic, he was describing the drastic operations he'd had. "First they took out a whole loop of upper intestine, then about two feet of lower," he said, dolefully. "And just last year they had to chop out some more."

The second patient clucked sympathetically. "What would you say you had left? A semicolon—or just a comma?"

For each previously unpublished anecdote accepted, RN *will pay $15 to $25. Address: Anecdotes,* RN, *Oradell, N.J.*

You Can't Turn Back the Clock

Better forget about nursing's 'good old days' and think about its future, this nurse warns

By Martha Dudley, R.N.

I'm getting pretty weary of hearing my middle-aged contemporaries repeat that "nurses today just aren't trained the way they were in my day."

Of course they aren't. And a good thing, too!

I'd be the first to admit that the old hospital training system had its strong points. It was strong, for example, on discipline. You either learned to do things right or you weren't graduated.

The old system was also strong on T.L.C. Students learned that "the patient comes first"—not only in theory but in practice.

But what were nursing students then really taught to do? Not much more than aides do now: TPRs, bedmaking, back-rubs, tray-passing, pillow-plumping. They needed to know little if anything about drugs. As for I.V.s, oxygen, and Wangensteens, who'd ever have guessed then that anything so technical could possibly concern the nurse?

For its day, perhaps, the clinical instruction sufficed—at least in the better schools connected with large hospitals. But only a fraction of students were enrolled in such schools. Instead, thousands were learning to give baths and enemas in small, local hospitals where the phrase "training school" was—to put it mildly—a misnomer.

In many of these small hospi-

HOMESICK FOR 'THE GOOD OLD DAYS'? *Then pause for a glance at this O.R. nurse at Manhattan's Bellevue Hospital in 1885. Would you really change places?*

tals the admission requirements weren't much stiffer than Woolworth's. What was taught could have been learned in a year. Often the entire nursing course was simply a form of exploitation. Hospitals used students for three years to do jobs they now *pay* aides and maids to do.

In the mid-Twenties the idea of school accreditation took hold. This spelled doom for the small training schools. Hundreds of them closed their doors.

Then, "quickie" courses in practical nursing sprang up. "Become a nurse in six months," their promoters advertised. Before you could say Florence Nightingale, they were doing a land-office business.

When the "quickie" courses reached racket proportions, professional nursing finally woke up. The National League of Nursing Education (now the National League for Nursing) cooperated generously with the founders of the National Association for Practical Nurse Education. The American Nurses Association and its state affiliates helped push for state licensure of practical nurses, and urged recognition of state-approved practical nursing schools. And the N.A.P.N.E. itself conducted and won a court fight against one of the most offensive of the correspondence schools.

Meanwhile, the degree program had emerged. More and more colleges were offering B.S.-R.N. training combined in four

or five years. Simultaneously, hospitals had begun to replace bedside R.N.s with practical nurses, to train volunteers as aides, and to shunt diploma-school graduates into desk jobs —where, sooner or later, they'd compete with incoming degree nurses.

Then along came the two-year junior-college program to add still another level of training.

In the face of changes like these, wishful thinking about the "good old days" makes absolutely no sense at all. The "good old days" are gone forever. We can't turn back the clock. So we may as well face facts.

The degree nurse, the L.P.N., and the two-year graduate are all here to stay. Their numbers bespeak their influence. Each fills a need.

So where do we go from here?

I don't know. But I *do* know this:

The only way we'll find the answer is by looking *forward*—not backward. END

'The Walrus and the Carpenter' Revisited

(With apologies to Lewis Carroll)

"The time has come," the doctor said, "to speak of many things:
Of nurses' changing notions; of their atrophying wings;
Of why they're neither what they were nor what they'd like to be;
Of why they think they've got to have that overstressed degree.
The time has come, in other words, for reconsideration,
Lest nurses ruin nursing in their yen for higher station."

"The time has come," the nurse replied, "to strike a compromise:
Regard us, Sir, as people—and we'll measure up to size!"

—JOAN FRIED, R.N.

The New Female Sex Hormones

Continued from 64

most dramatic results produced by the new synthetics have been those associated with pregnancy. Hundreds of formerly childless women can now hope to experience motherhood for the first time.

Doctors have long known that about half of all abortions are caused by progesterone deficiency. Until now, such women had to take a daily high-dosage injection of natural progesterone —an expensive and painful procedure.

The new synthetics reach the pregnant uterus in higher concentrations than progesterone does. For this reason, the effects of a single injection may last for two weeks. Hydroxyprogesterone caproate (Delalutin), injected intramuscularly at intervals, has enabled a number of habitual aborters to deliver full-time healthy babies.

Hydroxyprogesterone acetate (Prodox) has been successful in promoting pregnancy in patients with corpus luteum failure. So has norethindrone (Norlutin). Both these drugs are conveniently given by mouth.

Some authorities believe that

progestogens act indirectly against uterine contractions. They think the drugs release a luteal hormone from the ovary and it's this hormone, they believe, that actually relaxes uterine spasm.

Though this theory isn't widely accepted, two such uterine-relaxing hormones have recently been isolated from the corpus luteum: One of them, lututrin (Lutrexin), often prevents and overcomes menstrual cramps. The other, relaxin (Releasin, Cervilaxin), tends to calm the uterus.

It's a Labor-Saver

Administered regularly between the 28th and 36th weeks of pregnancy, relaxin has saved many babies who otherwise might have been born prematurely. Given during labor, this hormone relaxes the cervical tissues at the outlet of the uterus. Uterine contractions are then more effective, shortening the period of labor.

As in the case with all hopeful medical advances, only time and intelligent testing can prove the true effectiveness of these new synthetics. But there can be little doubt that they represent a significant advance in hormone therapy for women. END

SKI-PATROL NURSE

Any way you look at it, ski-patrol duty is something pretty special. But for Nurse Kay Thompson it has extra-special significance: It gives her the chance to combine her skill as a nurse with her skill as a skier. And they're both important, she finds, when a nasty spill occurs on her "beat."

Kay's beat is a wooded section near Denver, Colo., where she's a reservist in the Winter Park Ski Patrol. "I joined up last year," she explains, "after learning the hard way why a unit like ours is needed.

"In other words, I broke a leg. And there might have been complications if the ski patrol hadn't been on the job. Those boys knew more about first aid than I did!"

To qualify for patrol duty, Kay had to brush up on her first aid, pass the advanced course, and prove her skiing skill in a series of stiff tests.

She's a graduate of the University of Texas School of Nursing, holds a B.S. degree from Western Reserve, and serves as a full-time nurse-instructor at Denver's Children's Hospital.

END

Accidental Poisonings

Continued from 60

poison accidents happen? What are the chemicals most likely to cause poisoning?

Just about anything at all can be toxic if misused. But about half of all cases are caused by drugs and medicines.

Aspirin Can Be Lethal

Even ordinary aspirin tablets turn into killers when a child gets hold of a bottle and takes too many. In fact, aspirin and its sister-salicylate, oil of wintergreen, together cause more accidents among youngsters than any other medicines. Barbiturates lead the list where adults are concerned.

Another cause of poisoning is careless handling of caustic fluids. Often, people leave toxic liquids in drinking glasses, soda pop bottles, or measuring cups. A thirsty tot comes along and gulps down the corrosive contents. Parents should be warned emphatically against transferring chemical solutions like bleach, lye, and ammonia from their original containers.

Federal laws require informative labeling for caustic chemicals, insecticides, rat poisons, and weed killers. But what about

ch household items as furni-
re, floor, and metal polishes?
hat about paint, varnish, and
e solvents used to remove
em? And how about hobbyists'
ews and do-it-yourself formu-
s?

Many contain highly toxic
emicals. Yet no law requires
e estimated quarter-million
oducts of this kind to be la-
eled as dangerous. A manufac-
rer doesn't even have to list
ch a product's ingredients on
e label!

Labels Don't Help Much

Lack of informative labeling
ten poses a real problem for
e doctor. Called to treat a child
ho has taken such a product, he
n't even tell what chemicals
contains. So he may not know
hat to do for his patient or
hether, in fact, any treatment
necessary. This is one reason
hy poison-control centers were
tablished.

For the same reason, the
merican Medical Association
cently drafted a model labeling
w—one that would require
anufacturers to list all poten-
ally poisonous ingredients.
lany such substances are safe
ough when used as directed.
ut they can be deadly to young-
ers who ingest them. Most par-

ents don't know this. And they get no warning when these chemicals come camouflaged in attractively packaged products. So such a law would not only help doctors but would also serve as a warning to patients.

How to Avoid Trouble

The battle against accidental poisonings is being waged on several fronts. To help you join the fight, here are some suggestions from the Committee on Toxicology of the American Medical Association:

¶ Keep all drugs, poisonous substances, and household chemicals out of the reach of children. (It's best to keep them locked in a closet or cupboard.)

¶ Do not store nonedible products on shelves used for storing food. (It's easy to contaminate flour or baby formulas, for example, with insect powders.)

¶ Keep all poisonous substances in their original containers; do not transfer them to unlabeled containers. (Even adults can get confused if furniture polish, for instance, gets left in a mayonnaise jar.)

¶ When medicines are to be discarded, destroy them. Don't throw them where they may be reached by children or pets. (Youngsters are great scavengers; they've often been known to dig discarded chemicals out of trash cans.)

¶ When giving a flavored or brightly colored medicine to children, always refer to it as medicine—never as candy. (It's only natural for a child who's been fooled to eat more of the "candy" the first chance he gets.)

¶ Don't take or give medicine in the dark. (That teaspoonful of "cough medicine" may turn out to be carbolic acid or carbon tetrachloride.)

Don't Experiment!

¶ Read labels before using chemical products. (Most products are safe only when used as directed.)

On the job and in private life, your prestige as an R.N. will command attention when you teach these safety rules. And each time you do, you'll be helping to prevent accidental poisonings. END

Let Your Will Be Done

Continued from 72

How much will a lawyer charge you? Well, fees vary, of course; but a simple will usually won't cost more than about $25. And it may save your heirs many times that amount.

Once you've had your will drawn (and have seen to it that your husband and other close relatives have done the same), remember to review it from time to time. For changes are bound to occur in financial or family circumstances.

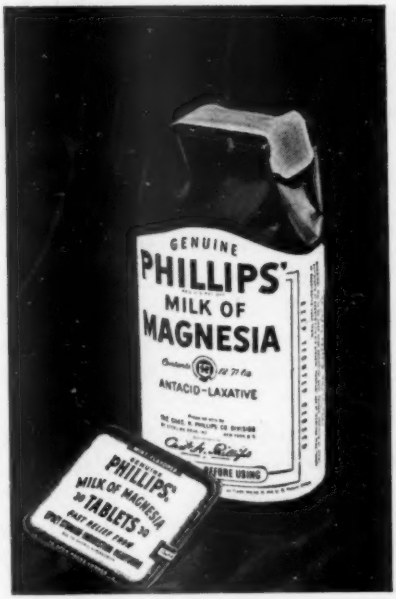
Such events as marriages, births, and divorces may automatically revoke an existing will in whole or in part. So even though a will doesn't *take* effect until death, it should be *effective* at all times.

Making a will may not be the most exhilarating of pastimes. But because your work keeps you constantly aware of the unpredictability of death, you'll surely want to safeguard your heirs' interests.

You can do this by seeing to it that your own will, not someone else's, is done. END

"I would have brought him flowers, but Blue Cross wouldn't pay for them."

An Ideal Antacid-Laxative



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news

Continued from 31

throughout the country paid tribute to the memory of Mary M. Roberts, R.N., following her recent death in New York City.

Miss Roberts, 82, served as editor of the American Journal of Nursing from 1921 to 1949, and as editor emeritus for another ten years. She remained active in the latter capacity until three days before her death.

Test for Pre-Eclampsia Uses Nasal Specimen

Microscopic examination of nasal mucus may reveal toxemia of pregnancy before clinical signs appear, says an Ohio State University research team headed by Dr. John C. Ullery.

The team's findings—reported in the American Journal of Obstetrics & Gynecology—indicate that pre-eclampsia is marked by a changing ratio of sodium to potassium, and that this change is more readily detected in nasal mucus than in urine.

The significance of the report is this: The nasal-mucus smear test—a simple office procedure—paves the way for early treatment of toxemia, greatly increases the chances of a normal pregnancy, and minimizes the need for premature delivery.

The researchers also point out that the test enables the obstetrician to differentiate between patients with eclampsia due to pregnancy-connected hormonal activity and those with hypertension or renovascular disease not associated with pregnancy.

Diet Change Lowers Blood Cholesterol

Substitution of a new margarine for other dietary fats significantly lowers blood cholesterol levels, a study of 301 cases indicates.

The study, conducted at Central State Hospital, Indianapolis, by Dr. J. D. Ralston and associates, fea-

tured the use of a spread called Emdee. It's made from unmodified (nonhydrogenated) corn oil, which is said to be rich in linoleic acid.

High blood cholesterol is regarded by some clinicians as a warning sign of atherosclerosis.

O.R. Is Egg-Shaped

Recessed spotlights, housed in the dome and sides of an egg-shaped operating room, eliminate the need for turning a patient during difficult surgery, says Architect Paul Nelson of New York City, designer of six such O.R.s in a Copenhagen (Denmark) hospital. The recessed lights also minimize infection hazards, he contends, since overhead lighting fixtures are potential dust-gatherers.

Prep-Tray Sponges Cause Bacteremia

Sponges contaminated during storage in an antibacterial solution of a cationic detergent caused forty cases of bacteremia at Kings County Hospital, Brooklyn, N.Y. The sponges were used in skin preparation for intravenous infusions.

Drs. S. A. Plotkin and Robert Austrian, reporting in the American Journal of the Medical Sciences, say that use of the sponges caused thrombophlebitis at the site of injection and septicemia in some patients. They suggest that sponges shouldn't be stored in detergent solutions used for sterilizing. The reason: Cotton material can inactivate such solutions and allow organisms to survive.

Going to Alaska?

Statehood for Alaska is almost certain to focus attention on that area's long-standing need for more doctors, nurses, and other health personnel.

At last count, the vast new state (more than twice the size of Texas) had only about 100 M.D.s and 300 active R.N.s to serve a population of 210,000—including some 35,000 Eskimos, Indians, and Aleuts

scattered over more than 586,000 square miles.

The state's twenty-seven hospitals range in size from tiny five- and six-bed establishments to a couple of large ones, reserved for natives, with 340 and 406 beds respectively. None of the hospitals has a nursing school; in fact, the only training course available in Alaska is one for practical nurses, and its annual enrollment is reportedly small.

Breast Feeding is apparently on the wane. Dr. Herman F. Meyer of Northwestern University, after a survey of nearly 2,000 hospitals, finds that two-thirds of the newborn are now bottle-fed. Only about one-third were so fed in 1946, he notes.

G. U. Infections Traced to Bedpans and Urinals

Contaminated bedpans and urinals are responsible for far too many postoperative infections of the urinary tract. So says Dr. J. W. McLeod in the British medical journal Lancet.

The causative organism, *Pseudomonas pyocyanase*, Dr. McLeod notes, is not one of the normal flora of the external genitalia; so the common excuse that catheteri-

zation and certain surgical techniques unavoidably introduce *Ps. pyocyanase* into the urinary tract is unfounded.

"Steam sterilization of bedpans and urinals is not enough," says Dr. McLeod. "After emptying they should be left in a tank containing a 2% solution of carbolic acid and, when issued for use, should contain 100-200 ml. of the carbolic solution."

Who's Being Unionized In Texas?

After learning that some twenty local nurses had met with an A.F.L.-C.I.O. organizer, Houston (Tex.) reporters began asking questions. But they got few answers and little information.

The organizer, Frank McCarty, said the purpose of the meeting had been "to explore the possibility" of forming a nurses' union. Labor leaders, he added, had received "numerous requests" to form such a union and "do away with very bad working conditions of nurses."

Asked to comment, Mrs. Frances McGuffey, president of the district nurses' association, said:

"I think someone is just looking for something to fuss about. We have in our organization our own means of looking after the econom-

news

ic standards of registered nurses. I think it must have been vocational nurses who met with Mr. McCarty. Certainly no one has contacted me about it."

But vocational nurses "certainly have no bad working conditions," Mrs. Verlie Graham, executive secretary of their state association told the Houston Press.

Had there been any trouble lately that might have reached union ears? Mrs. Graham could recall no trouble of any consequence whatever. "Anyway," she added, "can you conceive of a nurse walking out on a sick person because a union told her to? Can you imagine a labor organization telling a hospital what to do?"

Sputum Collection Is Made Easy

Collecting sputum specimens from patients with lung diseases has long been a problem for nurses: Often the patient can't cough up enough secretion from deep in the bronchi for a good specimen.

To overcome this difficulty, a team of doctors has developed a device called the Nebu-halent. It's described as an ordinary nebulizer with a propellent cartridge and a built-in heating unit.

The cartridge makes the nebulizer work like an aerosol spray can: The patient simply presses it with his thumb to direct a steady spray of nebulized solution deep into his bronchi. The heating unit

keeps the solution (usually normal saline) at a constant temperature of 125 degrees.

The device was developed by Drs. Alvan L. Barach, Gustav J. Beck, and H. A. Bickerman of New York's Columbia-Presbyterian Medical Center.

Designer Says Hospitals Look Like Night Spots

It's "rather frightening" to see new hospitals try "to outpace night clubs in the race for the ultramodern look," says Interior Designer John Sutton in The Modern Hospital.

To swing away from the drab-looking architecture and décor of Victorian days is fine, he adds; but the trend has gone too far in the other direction.

The night-club look is "not conducive to the kind of reassurance" patients need, Mr. Sutton contends.

Disposable Enema May Aid Cancer Detection

Thanks to the disposable enema, says Drs. Thomas G. Rigney, Standard Oil Co. of New Jersey, and John R. Hill of the Mayo Clinic, proctosigmoidoscopy can now be made part of routine physical examinations, making possible early detection of cancer of the colon and rectum.

According to Dr. Hill, 12 per cent of all cancer occurs in the anus, rectum, and sigmoid flexure of the colon. "Often, these malig-

nant growths give no warning sign," he says.

But approximately 70 per cent of them can be readily discovered by proctosigmoidoscopy."

Programs for mass detection of rectal and colonic cancer are hampered by the average individual's reluctance to perform a cleansing enema before appearing at the industrial clinic or doctor's office for a periodic check-up. But the speed and simplicity of the disposable enema is overcoming this reluctance, says Dr. Rigney, so it makes the procedure much easier for the physician. He reports that of 1,000 patients prepared with the disposable enema, only one needed a second preparation before proctosigmoidoscopy could be performed.

Arterial Grafting Urged To Save Life and Limb

Surgical replacement of diseased sections of blood vessels can obviate amputation in about 30 per cent of cases and give many an aneurysm patient "his only good chance for survival."

So says Dr. Brooke Roberts of the University of Pennsylvania.

The relatively new technique, he reports, is now well-enough established to be the surgeon's first consideration in obstructive arterial disease.

Hay-Fever Relief in one shot is on the horizon. Cornell University researchers are reportedly experimenting with a new, one-injection drug that seems to be as effective as those requiring fourteen to seventy injections.

Endotracheal Tubes Are Being Standardized

International uniformity in the design and use of anesthesia equipment: That's the aim of U.S. and British anesthesiologists now studying the whys and hows of standardization.

As a first step toward their goal, these specialists recently agreed on

news

standard specifications for endo tracheal tubes. Similar agreement covering other equipment item are being worked out, they repor

"Lack of standardization i sometimes a problem—as it was i military hospitals during Worl War II," says Dr. Vincent J. Col lins, president of the New Yor State Society of Anesthesiologist and adviser to the U.S. group tha set up the tube specifications. Oth er European specialists, he report have voiced a willingness to accep the U.S.-British standards.

Hypnosis Called Safer Than Anesthesia

Partial replacement of drug anes thesia by hypnosis is foreseen b Dr. Robert D. Dripps, of the Uni versity of Pennsylvania. The goo results already obtained, he says indicate that hypnosis is safer tha drugs and has fewer after-effects

A specific example of the suc cessful use of hypnosis is reporte by Drs. Denys Kelsey and J. N Barron in the British Medica Journal. They say they employe hypnosis to immobilize a patien during and after plastic surgery In the postoperative period, i worked better than a cast, they re port, since it prevented stiffenin of the patient's joints.

Still another replacement fo drug anesthesia may be in the off ing, namely: electricity. Small a mounts of current, directed to th central nervous system, can deade

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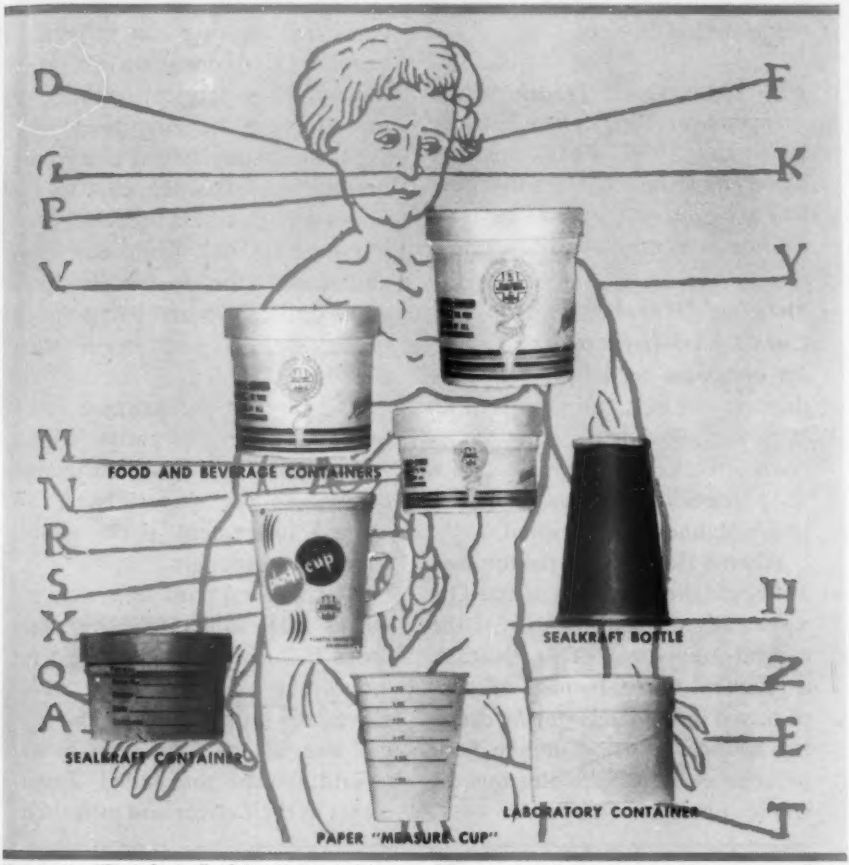

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pain without otherwise affecting bodily functions, says a report to the Halstead Society.

The Maternal Death Rate dropped nearly 66 per cent between 1946 and 1956. Physicians cite blood transfusions, drugs that control toxemia, and increasingly safe anesthesia as major causes.

Surgical-Dressing Team Cuts Cross-Infection

An elaborate technique requiring the services of a full-time central-supply employe has reportedly cut cross-infection of surgical wounds to practically zero at Philadelphia's Hahnemann Hospital.

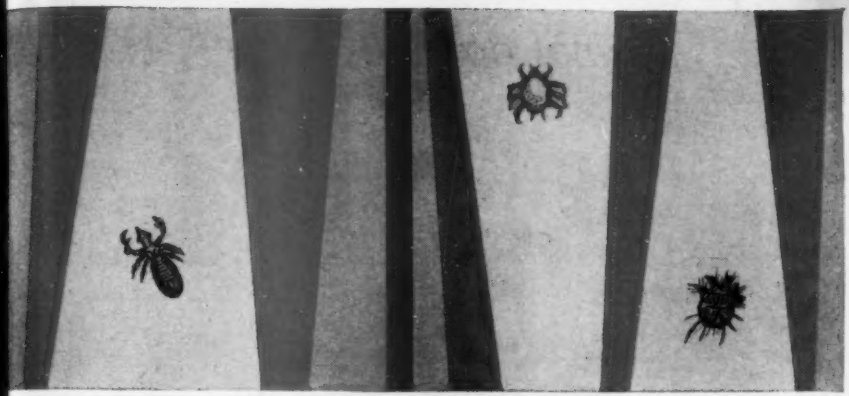
When a Hahnemann doctor does a surgical dressing, he's assisted by a specially trained member of the central-supply staff. This assistant, a practical nurse, handles all supplies and instruments during dressing rounds. No one on the floor touches either soiled dressings or sterile supplies.

Here's how the system works:

Each morning, the assistant prepares her dressing cart in central supply. (She consults a list, submitted by the surgical resident, of the dressings he intends doing.) When she's sure she has everything needed, she takes the cart to the surgical floor, where the resident or interne joins her. They don caps and masks (the doctor also puts on a sterile gown and two pairs of sterile gloves) and begin their rounds.

At each stop, the assistant puts a face towel over the patient's nose and mouth. On the bed she places two *wax-lined* paper bags, an opened instrument pack, gauze, and alcohol sponges.

Now the surgeon steps up, removes the soiled dressing and drops it into one of the bags; removes his contaminated outer gloves and drops them into the second bag; cleans and redresses the wound; wraps the soiled instruments in their cover and puts them



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4 MINUTES

single shampooing sufficed eradicate infestation . . . in cases...in a few minutes."■
Gardner, J.: J. Pediat. 52:448 (Apr.) 1958.

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cream & lotion

IN SCABIES,
CHIGGERS AND
PEDICULOSIS

95% to 100% effective in 1 treatment — acts fast — non-irritating — nonstaining. ■

SUPPLIED: KWELL Cream: jars of 2 oz. & 1 lb. — KWELL Lotion: bottles of 2 & 16 fl. oz.

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a few of the thousands of comments from RN's *over the country*

uderton, Pa.	*"I like Massengill Powder much better than vinegar."*
ukegan, Ill.	*"I find Massengill Powder more pleasant to use than vinegar."*
condido, Calif.	*"Have used Massengill Powder for about 8 years."*
bster, Mass.	*"Very refreshing, with a pleasant scent. It helps promote self confidence."*
ungstown, Ohio	*"I have recommended Massengill Powder ever since I tried it."*
ynesburg, Pa.	*"I first learned of Massengill Powder on the Obstetric Floor where I trained . . ."*
tland, Ore.	*"Used it during my pregnancy and following delivery."*
on Grove, Wis.	*"It is refreshing to use Massengill Powder and also to know you are using a properly compounded material."*
Manuel, Ariz.	*"I used to have a great deal of trouble with vaginitis, have completely stopped it since using Massengill Powder."*
th St. Paul, Minn.	*"I like this powder best of any douche preparation I have used."*
Angeles, Calif.	*"I have found it excellent, having recently had a hysterectomy, with of course, vaginal drainage."*
whall, Calif.	*"Recommended it to a case of stubborn virus infection with excellent results."*

THE S. E. MASSENGILL COMPANY

Bristol, Tennessee

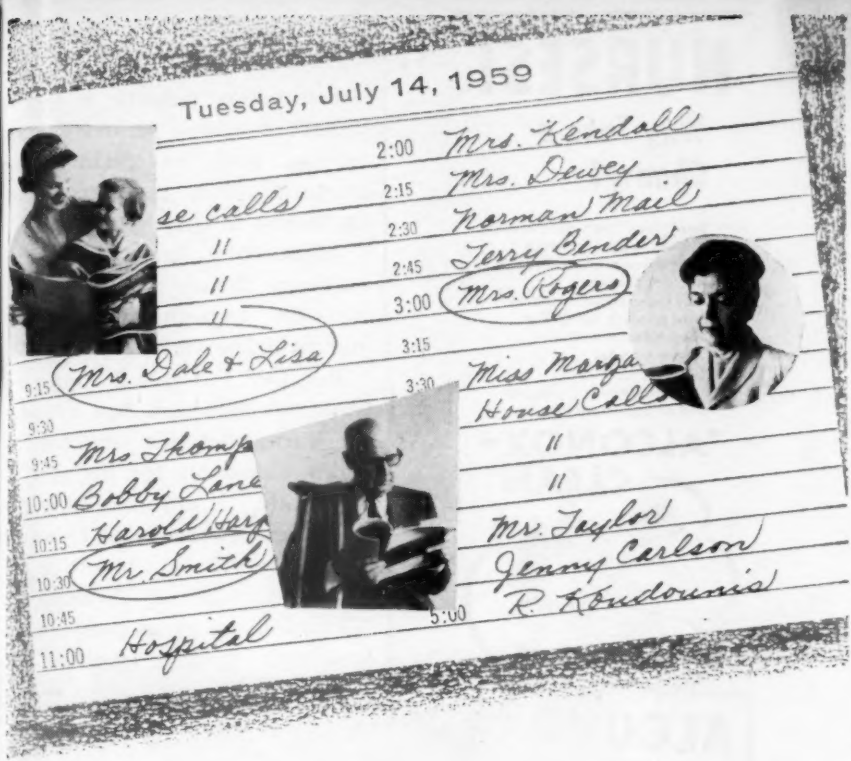
in the second bag; removes gown and inner gloves and puts them in the second bag; washes his hands; dons sterile gown and gloves; then proceeds to the next patient.

Meanwhile, the assistant puts the bag containing the soiled gloves, gown, and instruments into a shopping bag for return to central supply (where its contents will be autoclaved before they are removed and washed). She puts the other bag (the one containing the soiled dressings) into a special receptacle; and when rounds are completed, she empties this receptacle into a chute leading directly to the incinerator.

Cecilia Yastremski, R.N., who describes the Hahnemann system in Hospital Topics, says the procedure, though somewhat elaborate and time-consuming, has not only relieved floor nurses of the burden of changing dressings but has made everyone conscious of the need for asepsis. More important, she adds, it has all but eliminated cross-infection on the hospital's three surgical floors.

'Planned Mumps' Called Risky

Lifelong immunity to mumps can be acquired only by exposure to the disease during childhood. If it



for many of your patients
extra nourishment is a basic need

From pediatrics to geriatrics Ovaltine provides a rich source of the vitamins, minerals and other essential food elements required for the maintenance of a good nutritional state.

Ovaltine is a nourishing, well-tolerated beverage combining natural blandness with good taste. It produces a soothing and relaxing effect for the tense and nervous patient, particularly when taken at bedtime.

It is ideal where stimulating beverages should be avoided . . . ideal as nutritional fortification for patients on bland diets. . . and also to help maintain a satisfactory nutritional level during physiologic stress.

Three servings of Ovaltine and milk provide:

12 Vitamins	
*Vitamin A	4000 I.U.
*Vitamin D	420 I.U.
*Ascorbic acid	37.0 mg.
*Thiamine	1.2 mg.
*Riboflavin	2.0 mg.
Pyridoxine	0.5 mg.
Vitamin B_{12}	5.0 mcg.
Pantothenic acid	3.0 mg.
*Niacin	10.0 mg.
Folic acid	0.05 mg.
Choline	200 mg.
Biotin	0.03 mg.

13 Minerals including Calcium,* Phosphorus and Iron.*

CARBOHYDRATE	65 Gm.
*PROTEIN	32 Gm.
FAT	30 Gm.

*Nutrients for which daily dietary allowances are recommended by the National Research Council.

Ovaltine® *for extra nourishment*

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news

strikes before puberty, it insur protection against serious comp cations, such as orchitis a oophoritis, that can accompa the disease in later life.

Therefore, some clinicia maintain, there's ample justific tion for exposing children mumps deliberately.

But Dr. Edward B. Shaw Children's Hospital, San Franc co, warns that this step can highly dangerous for the rest the family. "It introduces the p tential risk of secondarily exposin adults," he says in a report to th American Medical Associatio "The adults may then have the il ness with greater severity an sometimes with permanent seque lae."

Home Care Advocated For Chronic Cases

"It's common sense to treat [chron ically ill] patients economically o the hoof instead of expensively be tween bed sheets."

So says Dr. Basil C. McLean, president of the Blue Cross Asso ciation, in urging wider use of vis iting-nurse services for the chron ically ill.

He predicts that within a very few years Blue Cross insurance will cover both home nursing and nurs ing-home care.

His prediction appears to be based on the results of a recent study in New York City. For this study, Blue Cross provided visiting-

***The most comfortable patients with hemorrhoids are those who use* Nupercainal®** *Ointment or Suppositories*

NUPERCAINAL relieves intense itching, burning and pain during non-surgical treatment of hemorrhoids. Used postoperatively, it promotes lasting comfort. Also useful for routine office instrumentation, cuts, minor bruises, sunburn and whenever a topical anesthetic is indicated. Does not contain narcotics to mask serious rectal disease.

NUPERCAINAL *Ointment*, 1% (petrolatum base); 1-ounce tubes with rectal applicator, and 1-pound jars for office use.

For convenience and accurate control of dosage: NUPERCAINAL® *Suppositories*, 2 Gm., each containing 2.5 mg. Nupercaine® (dibucaine CIBA) base; boxes of 12.

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nurse care instead of hospitalization for 500 patients. Estimated savings: 8,000 hospital days and services valued at $73,000.

Home treatment is often feasible at a cost about one-fourth the cost of hospitalized treatment, other surveys have suggested.

Just a Virus Infection? Which of 300?

Headache . . . fever . . . anorexia . . . headache . . .

Next time you have this symptom-sequence, smile when you say "It's just a virus infection." Researchers say there are more than 300 known viruses.

With the help of the electron microscope, scientists are delving into virus secrets—and coming up with such hitherto unknown facts as these:

¶The diameter of a virus ranges downward from 1/83,000th to 1/2,500,000th of an inch.

¶ Viruses found in man are spherical. Those found in plants are described as "elongated particles."

¶ Viruses survive and multiply by attaching themselves to living cells and by "borrowing" vital chemicals from their hosts.

¶ An estimated billion virus particles may be present in a patient

suffering from a serious infection, such as yellow fever.

Among the newly discovered viruses labeled "very dangerous" is the "salivary gland virus." This "semiorganism" is said to exist asymptomatically in one out of ten healthy urban children of nursery age. Under certain conditions, it produces degenerative changes in vital organs and can cause mental deficiency, investigators say.

Babies Transfer Staph From Hospital to Home

Two infants born during outbreaks of a staphylococcic infection in a hospital nursery carried the infection home and transferred it to members of their families, say Drs. V. Hurst and M. Grossman in California Medicine.

During the first eight months of one baby's life and the first three months of the other's, evidence of staph infection appeared in nearly every member of both families, the two doctors report. They add: Antibiotic therapy apparently fails to overcome the organism although clinical signs of infection may disappear.

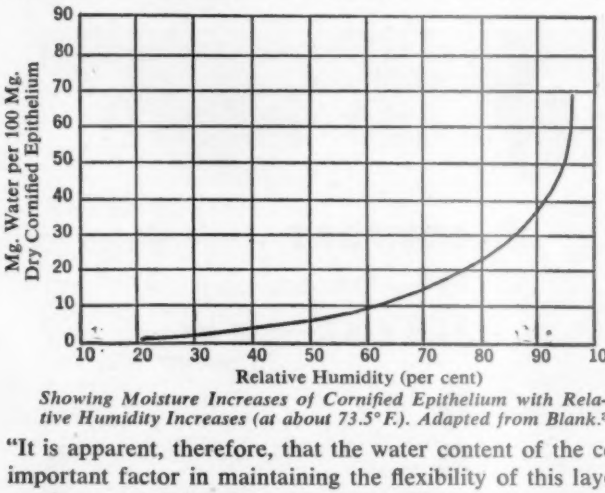
Drs. Hurst and Grossman believe such transfers of infection are more common than is generally recognized and that hospital-born

the "MOISTURE FACT(

Advanced Research for Improved Methods and Preparations—"The n
increasing the scope and number of investigations relating to fundamental proble
skin physiology, biochemistry, pharmacology, and toxicology cannot be stresse
strongly."[1] For example, emollients in many forms and formulations are in ext
use today to help meet the ever-increasing problem of dry skin. Yet "...confusion
...as to just what constitutes an emollient"[2] and how it functions.

The "Moisture Factor" in Simple Skin Dryness—When skin lacks suffi
moisture in the horny layers, it is described as "dry." Symptoms range from mild s
ficial scaling to extremes of severe scaling, fissuring, itching, and inflammation.[2]
evaporates from the surface more quickly than it is supplied from underlying t

Natural Surface Film Poor Barrier Against Water Loss—Contrary to ge
belief, the natural surface lipid film is not an effective barrier against water loss.
its removal with fat solvents, no increased evaporation rate is noted.[4] The water b
probably lies in the deeper layers of the epidermis,[5] and does not prevent dehydrati
the stratum corneum under most atmospheric conditions.[3] Prolonged exposures to
perature extremes or to strong wind, increase tendencies toward drying. Relative h
ity is a critical factor—at values of 60 per cent or above, an equilibrium exists
does not permit the moisture content of the horny layers to drop below 10 mg. wa
100 mg. of dry keratin.[3] At this value, the skin retains its pliability.[3]



Showing Moisture Increases of Cornified Epithelium with Relative Humidity Increases (at about 73.5° F.). Adapted from Blank.[3]

Simple Emollients Primarily Surface ing—Dramatic evidenc
"...water is the only k
plasticizer for keratin
tissue"[2] has been prese
Dried out—but not def
—skin sections become
hard and brittle. Prolo
contact with lanolin,
oil or petrolatum doe
restore their flexibility
if allowed to absorb a
moisture, similar sec
become soft and plia

"It is apparent, therefore, that the water content of the cornified epithelium is a
important factor in maintaining the flexibility of this layer than is its oil content
*can be assumed then that a simple emollient does not penetrate—it acts primarily o
surface. Its true effectiveness in the treatment of simple skin dryness depends on the
it can give the stratum corneum to maintain an adequate water content.*[2]

The "Moisture Factor" in Aging Female Skin—Consideration of the "moi
factor" in the care of aging skin becomes of increasing importance because of the
seated atrophic dermal changes which take place with aging. The epidermis bec
thinner and the outermost layers appear looser.[6] Mitotic activity is reduced in the
layers and the deep epidermal cells begin to vacuolize.[6] Papillae gradually lose

smetic care of the skin

ess,[6] collagen fibers become thinner and elastin structure is rendered increasingly phous; the corium becomes less firm and elastic.[7] "This occurs in the dermis due reduced hydration capacity of the collagen and ground substance..." as well as orny layers.[8] Thus simple emollients cannot prevent or reverse dryness associated ging.

cal Estrogens and the "Moisture Factor" in Aging Skins—Because aging is prominently linked with waning ovarian hormones, topical estrogens, which enetrate the intact skin rapidly and with great ease,"[9] have been added to simple ients in the attempt to arrest the degenerative process. Clinical reports[10,11,12,13] to the efficacy of topical estrogens in providing favorable response on aging female Prominently noted were marked improvements relating to the "moisture factor." ased succulence of the epidermal cells[10] and the derma[11] and enhanced ability to b fluids[11] have been reported. Estrogen-treated sites showed an increased water con- and it has been stated that "...there is definite support for the anti-wrinkling effect sed upon (a) the thickening of the epidermis, (b) plumping of the collagen fibres."[13] hone potencies used have been clinically established to be "...entirely safe."[14,15]

uty Through Science—In the Clinical Research Division of Helena Rubinstein, pplication of established dermatologic principles to scientific cosmetology has suc- d in developing emollients and other cosmetic preparations that set the standards e industry. Pioneering in cosmetic hormone therapy, this group has for years sup- d dermatologic, endocrinologic and cosmetologic studies to evaluate the benefits pical hormones on aging female skin. Of special importance has been the recent lopment of Helena Rubinstein's Ultra Feminine Face Cream which combines al estrogens with progesterone, in concentrations clinically proved to be effective afe. The dermatologic action of Ultra Feminine appears to be enhanced by the gistic action of the *two* hormones. Through its estrogen content, Ultra Feminine ably influences the vitally important "moisture factor" throughout the skin struc- Its progesterone content, through reactivation of impaired sebaceous function, ases surface emolliency and in addition helps to guard against undue moisture o the environment. A true product of scientific cosmetology, Ultra Feminine can the patient maintain her youthful appearance well past "middle age."

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news

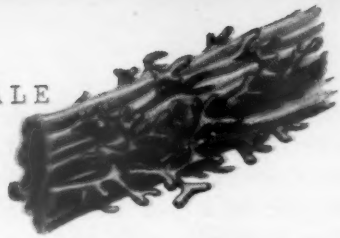
babies could be "seeding the po lation" with antibiotic-resis germs.

capsules

TV's small-fry fans, keen about shooters, might hate hypos le syringes were called "sick-sh ers," puns A.M.A. News . . . Pla spray-on dressing (Aeroplast said to protect skin of patients w colostomies, pancreatectomies, other draining wounds . . . Fluo scopic studies indicate that cre in your coffee slows down peris sis, delays gastric emptying, p duces distress . . .

Zoo keepers reportedly give p pos to hippos with new dev called Cap-Chur—a gas-powe gun that shoots antibiotic-loa syringe into hide of thick-skin animals . . . Some cigarettes h been found to contain fourt times more arsenic than Fede law permits in food. Source of senic is thought to be insecticid used in spraying tobacco plants

New method of recording fe heartbeats enables M.D.s to s twins by sixteenth week of pr nancy, thus obviating X-ray risk Researchers say children who h itually walk on their toes of have schizophrenic tendencies . Post-op glaucoma has been trac in four persons predisposed to it this combination of factors: p medication with atropine (or sco olamine); excitement of surge



acterial rethritis

female urethra, surrounded
tortuous network of periurethral
nds, is highly susceptible to
alized infection . . . a frequent
rce of pelvic distress.[1,2]

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antibacterial . . . anesthetic . . .
tly dilating . . . provide rapid
trol of both pain and infection.[3]

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erodon•HCl 2%, in a water-dispersible base.
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Wharton, L. R. in Campbell, M.: Urology, adelphia and London, W. B. Saunders mpany, 1954, vol. 2, p. 1390 et seq.
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postmenopausal urethritis

After the menopause, estrogen deficiency leads to atrophy of the urethral mucosa with increased susceptibility to infection . . . a frequent source of pelvic distress.[4]

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suppositories

are estrogenic as well as antibacterial, anesthetic, and gently dilating . . . provide "progressive histologic normalization" as well as prompt symptomatic relief.[5]

Each Suppository contains Furacin 0.2%, diperodon•HCl 2%, and diethylstilbestrol 0.0077% (0.1 mg.), in a water-dispersible base. Hermetically sealed in orchid foil, box of 12.

4. Youngblood, V. H.; Tomlin, E. M.; Williams, J. O. and Kimmelstiel, P.: Tr. Southeast. Sect. Am. Urol. Ass. (to be published).
5. Youngblood, V. H.; Tomlin, E. M.; and Davis, J. B.: J. Urol., Balt., **78**:150, 1957.

NITROFURANS — a unique class of antimicrobials — products of Eaton research.
EATON LABORATORIES, NORWICH, NEW YORK

semidarkened recovery rooms . . .

Overheard at parade of uniformed student nurses in Nashville, Tenn.: "Don't let them give me a shot, Mommie!" . . . Loss of sight can follow unwise use of eye drops containing adrenal steroids, warns New England Journal of Medicine . . . Myasthenic syndrome observed in newborn of mothers with myasthenia gravis. Infants' symptoms include constant moaning; difficulty in swallowing; progressive paralysis of face, lips, tongue, throat, neck . . .

Intensive, prolonged sun bathing is blamed for two successive attacks of coronary occlusion in an adult male patient, otherwise healthy . . . M.D.s' Rx for postoperative parotitis: early stimulation of salivary glands with mouth wash, chewing gum, lemon lozenges, warm or cold compresses . . . Use vitamin K sparingly in hemorrhagic disease of newborn, advises Europe's University of Amsterdam . . . General duty nurses in thirty-six major Chicago-area hospitals earn an average of $350 a month, a recent survey shows . . .

Uncle Sam has paid the bill for schooling 170,000 doctors and nurses since end of World War II... Recurrent sties linked to nose infections by British ophthalmologist

. . . Government-developed painkiller NIH 7519, is said to be 10 times as effective as morphine, 50 times as effective as codeine. Final tests, scientists hope, will prove new drug is also nonaddicting . . . National League for Nursing convenes May 11-15 in Philadelphia...

Registration and licensure being urged for all who operate X-ray and fluoroscope machines . . . Salk vaccine's effectiveness in '58 put at 87 per cent. Even so, incidence of paralytic polio topped that of '57 by some 40 per cent . . . If cancer and cardiovascular disease were suddenly wiped out, U. S. would face economic disaster, says gerontologist. His reasoning: Nation has no plan to cope with census increase in 80-plus age group . . .

Sequel to hospitals' staph-germ problem: Gram-negative bacilli are now said to be developing antibiotic-resistant strains . . . Intraperitoneal transfusion is reportedly gaining favor with pediatricians. Prepping technique: same as for abdominal paracentesis . . . During inspection of new hospital wing, Nova Scotia nurse was asked to demonstrate unbreakability of experimental window. Using patient's cane, she swung from heels, shattered glass—then was told, "Sorry; right window, wrong floor." END

RN positions

MINISTRATORS: (a) Nurse manage 60 hosp. near Chicago, $6000 up (b) Asst. n. 400 bed hosp., excellent financial ort., Great Lakes. RN3-1 Burneice Larson, ical Bureau, 900 N. Michigan Ave., Chi-, Ill.

ESTHETIST: Nurse, registered, female, June 15, 1959. To serve also as Chief se and Supervisor. $600 monthly. Super-ry experience desirable. 12-bed general ital in mining town, staff of 20, in-ing 7 RN's. Must be adept at inhala-, intratracheal, spinal, and intravenous niques, and capable of independent gment. Age under 50 yrs. Employment husband usually available. Good school, rental housing, excellent climate. Ap-Richard G. Hardenbrook, M.D., Bagdad pital, Bagdad, Ariz.

ESTHETIST, NURSE: To cover surgery OB in 275 bed hospital with expansion gram in process. Excellent facilities and onnel policies. Salary open. Call or write sonnel Director, 810 E. 27th St., Min-polis 7, Minn. Phone FEderal 2-7266.

ESTHETISTS: (a) Alaska Coastal town mountains, 100 bed hosp., friendly able community, $575, living accom. (b) lance or guarantee plus percentage, cut-ding financial opport. for ambitious per-, 50 bed hosp., wealthy Iowa agricultural (c) OB anes. average $550-$650 month, modern hsp. 700 beds, M.W. leading city Join staff of four, headed by M.D., 250 hsp. near Conn. resorts, top salary. RN3-2 neice Larson. Medical Bureau, 900 N. higan Ave., Chicago, Ill.

SISTANT EDUCATIONAL DIRECTOR: affiliate School of Psychiatric Nursing, ate psychiatric hospital, modern facilities, ted 10 mins. from down-town Philadelphia. ludes teaching as well as administrative onsibility for the affiliate program. Good sonnel policies, salary dependent on lifications. Active in-service education for f members on all levels. Apply Norma Coggan, Director of Nursing, Institute of Pennsylvania Hospital, 111 No. 49th St., ladelphia 39, Pa.

SISTANT SUPERVISORS: Experience as taff nurse necessary. Head nurse or super-ing experience preferred. B.S. degree or ivalent credits. Rotational, evenings and ht assignments available. Attractive sal-arrangement. Apply Director of Nursing, veland Metropolitan General Hospital, 5 Scranton Rd., Cleveland 9, Ohio.

TENTION GENERAL DUTY & SUR-RY NURSES: 400 bed County Hospital lo-ed 2 hrs drive from San Francisco, ocean ches and mountain resorts in modern and gressive city of 35,000. 40 hr 5 day wk, 3 pd vacation, 11 pd holidays, pd sick lv, irement plan and Social Security. Accom-dations in nurses' home, meals at reason-e rates, uniforms laundered without charge. n. Duty $333 mo start plus shift and serv-ice differentials. Surgery $382 to $460 mo comp. time if on call. Must be eligible for Calif. registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, Calif.

ATTRACTIVE OPPORTUNITY—NURSES-O.R.: Get away from fog, smog, & industrial areas. Come to exciting, Wonderful Wyoming. 340 days sunshine, fresh air in year-round recreation area. Position vacancies, all shifts and types. 165 bed JCAH Hospital, with expansion program. Capitol city, growing medical center Wyoming. 50,000 pop. Home of Frontier Days and Warren Air Base. Metropolitan Denver 2 hrs. drive from Cheyenne. Excellent personnel policies; 40 hr. wk., 2-3 wk. vacation, sk. lv., new Nurse Residence at $43 room and bd. Excellent housing facilities within 10 mins. of Hospital. Starting salaries $275 day, $300 eve., $290 surgery. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

BETTY HARTWIG says there are vacancies at the Hospital here in L.A. If you're thinking of moving, write her c/o L.A. County General Hospital, Box 1311, Los Angeles 33, Calif.

CALIFORNIA might not be heaven, but it's the next best thing—and that's our honest opinion. If you're planning a move— move here and see for yourself. With 6 mos. exp. you will be paid $395 mo. Please write me. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

CHARGE NURSES at L.A. County General Hospital receive $412 per mo for eve and night shifts. Please write me for full information re job opportunities here. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital Los Angeles 33., Calif.

CLINICAL INSTRUCTOR: Recently constructed modern hospital, suburban New Jersey. 3 yr. program. Salary based on education and experience. Liberal personnel policies, 4 wks. vacation. Apply Director, School of Nursing, Clara Maas Memorial Hospital, Belleville, N.J.

CLINICAL INSTRUCTOR: In medical and surgical nursing. In 165 bed hospital. Student body of 35 - 50. Liberal personnel policies, 3 wks. vacation, 40 hr. wk. Apply to Director of Nurses, Milford Memorial Hospital, Milford, Del.

CLINICAL INSTRUCTOR—SURGICAL NURSING: Immediate opening. New 300 bed hospital, 3 year program. Ideally situated in suburban N.J., easily accessible by car or public transportation. Excellent personnel policies, 4 wks. vacation. Salary commensurate with education and experience. Apply Director, School of Nursing, Clara Maas Memorial Hospital, Belleville, N.J.

DELIVERY ROOM NURSE: 114 bed general hospital. Night duty, 11 P.M. - 7 A.M. 40 hr. wk. Liberal personnel policies. Apply Director of Nursing, Beth Israel Hospital, Passaic, N.J.

[More]

DIRECTOR-NURSING SERVICE: 75 bed gen hosp. fully accred., expansion prog., liberal salary range and employee benefits. Midwest, pop. 10,000. Rail and bus connections excellent to larger cities. Contact Administrator, Lawrence County Memorial Hospital, Lawrenceville, Ill.

DIRECTOR OF NURSING—CALIFORNIA: In lge gen hosp. with nationally accredited school of nursing July '59. A challenging position in modern teaching hosp. Masters Degree with preparation and/or exp. in administration req'd. Starting salary $577, maximum $701. Good personnel policies. For information write Personnel Director, 732 E. Main St., Stockton, Calif.

DIRECTORS OF NURSES: (a) Dir. Nursing Service and Education, new 500 bed hosp., provisions for 250 students, leading industrial center, South, $10,000 (b) Dir. School and Service, excellent assistants, 250 bed hosp., 100 students, Pa., $8500 (c) Direct Nursing Service, new univ. affil. psychiatric research center, excellent professional opport., M.W. $9-$10,000 (d) Direct nursing service, industrial org. overseas program, $10,000 (e) Direct newly established degree nursing program renowned univ., M.W., excellent financial arrangement. RN3-3 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

GENERAL DUTY NURSES: 84 bed hospital, finest equipment, 40 hr. wk., very liberal personnel policies, pleasant working environment, rotating shifts. Salary range $302 to $411 monthly. $20 evening and night differential. Atomic Energy Project, not Civil Service. Write Director of Nurses, Los Alamos Medical Center, Los Alamos, N. Mex.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of $20 for OR, afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: 600 bed teaching hosp in central Calif. In-service educational program, 40 hr wk, 11 holidays yrly, retirement & sick lv plan. P.M. and night shift differential. $337 per mo to start. Write Personnel Director, 732 E. Main St., Stockton, Calif.

GENERAL DUTY NURSES: 210 bed teaching hospital 35 mi from NYC. $290 per mo, 40 hr wk, $30 differential for eve duty, $20 for nights, regular increments. Liberal sick lv, vacation, 8 holidays, Social Security, laundering of uniforms, pleasant living facilities available. Director of Nursing, White Plains Hospital, White Plains, N.Y. WH 9-4500.

GENERAL DUTY NURSES: Wanted immediately to work in new, modern hosp. in area consisting of new facilities, town, restaurant, hotel and year around recreation. Excellent starting salary, pd hosp. and surgical insurance plan and pd annual vacations. Extra shift pay and overtime. Attractive nurses' quarters. Write William J. Born, Personnel Dept., White Pine, Mich.

GENERAL DUTY NURSES: 120 bed hosp, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary $300 with a charge of $23 for full maintenance, additional $10 per mo for eve and night duty with regular increases. Surgical nurses starting salary $310 plus $5 per call after 5 pm. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: Positions i system of 10 integrated hospitals for gene duty nurses qualified by professional tra ing and personality to provide quality b side care. Salaries at the rate of $4 and $4860 per annum, depending on exp ence. Annual increases. 40 hr work wk. Sh differentials where applicable. 4 wks pd cation, 7 pd holidays, Sick lv plus emplo health program. Social Security plus n contributory retirement plan. Also p tions available for head nurses and a head nurses who have had administrat experience. Salaries at the rate of $ and $6420 per annum. For application further details send card or letter to Min Memorial Hospital Association, Box 61, W liamson, W. Va.

GENERAL DUTY NURSES, ATTENTIO Position vacancies of all types in 125 b JCAH Accredited Hospital located in n residential area of Cheyenne, home of Front Days and Warren Air Force Base. Ma opportunities for outdoor sports and acti ties. Excellent working conditions with libe personnel policies. Starting salary for d $300. 40 hr. wk. Apply Director of Nurs DePaul Hospital, Cheyenne, Wyo.

GENERAL DUTY NURSES & OR NURSE 3-11 p.m. gen. duty, hospital on San Franci Bay. 5 day wk, salary $320 plus $15 added 3-11 and $10 for OR duty. Maintenance av able. Director of Nursing, Alameda Hospit Alameda, Calif.

GENERAL DUTY STAFF NURSE: New modernized 300 bed general hospital off top salaries and opportunities to advan Evenings $76.80-$89.60 per wk, nights $73. $86.10, days $64.00-$75.60. Openings Medical, Surgical, Obstetrics, Pediatri Operating Rooms and Emergency Ro 40 hr wk, merit increases, liberal polici On Long Island Sound, 45 mins to N.Y Modern nurses residence and school. Ap Director of Nursing, Stamford Hospit Stamford, Conn.

GENERAL DUTY STAFF NURSES: V cancies on all services due to completion new wing which will increase bed capac above 400. Private general hosp. with 1 student school of nursing, 3 yr diploma cour University nearby for advanced study. 40 wk. Excellent salary and liberal benefit p gram in outstanding midwestern institut Centrally located in the city and convenie to residential and shopping facilities. Livi accommodations adjacent to hospital availa at nominal rent. Contact personnel direct Milwaukee Hospital, 2200 West Kilbourn Av Milwaukee 3, Wisc.

GENERAL DUTY, SURGICAL AND PE ATRIC NURSES: 276 bed gen. hosp, in r dential suburb of Chicago. 40 hr wk, ca salary and live in, $275 day duty, $295 P duty, $290 night duty plus private room new nurses residence, 3 meals per day a free laundry of uniforms. Cash salary a live out, $320 day duty, $340 PM duty, $3 night duty plus 1 meal and free laundry uniforms. Low rental apartments availa for married nurses. Planned service increas at regular intervals. Many other benefi Write Personnel Director, MacNeal Memo ial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: 370 bed a proved gen hosp, intern and resident progra $315 per mo starting salary, $15 per mo me increases at 12, 24, 36 mos. 40 hr wk. 2 w pd vacation, pd sick lv accumulative to 30 da

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Clears pimples, softens, brightens

Lather-massage your face a full minute morning and night with Cuticura Soap and discover the special magic that has made this uniquely super-mollient, mildly medicated soap the complexion secret of lovely women all over the world—how Cuticura helps clear up your skin, softens, freshens, brightens, helps keep it young!

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To help clear up pimples and blackheads in record time, often in just a few days, get the full treatment.

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d holidays. Pleasant coast city in outstand- recreational area. Apply: Director of Per- nel, Seaside Memorial Hospital, Long Beach Calif.

NERAL STAFF NURSES: For JCAH ac- dited 392 bed gen hosp with NLN accredit- School of Nursing. Will open new 5 story ng first of yr. Hospital ideally located in idential section of city nr NY, Phila. or shore. Liberal personnel policies including ue Cross, Pension Plan, 40 hr wk, $30 mo nus for 3-11:30 and $20 mo for 11-7:30. portunities for advancement. Recognition en for experience. Apply to Director of rsing, Mercer Hospital, Trenton 8, N.J.

NERAL STAFF NURSES: Because we are endly people it is fun to work in the pre- red department of a 200 bed JCAH gen- al hospital enthralled in the extensive build- g program creating opportunity for ad- ncement. Liberal personnel policies include hr wk, retirement plan, Social Security, hospitalization insurance premiums, cu- ulative 30 day sick leave, 2 wks vacation, holidays, excellent meals at cost, cozy rooms $20 per mo, in-staff educational program. pproximate initial salary eves $349, nights 43, days $325. Annual increase yearly ap- roximates $215. High standard patient care aintained by nurses permitted to use pro- ssional preparations. Ideally located near troit with convenient transportation to ake off duty hrs. interesting. For details rite Director of Nursing, Wyandotte General ospital, Wyandotte, Mich.

RADUATE NURSES: Openings in oper- ting room and on general staff. New, modern 9 bed general hospital in Greenwich, Conn. nly 28 miles from New York City located on ong Island Sound. Recreational facilities un- mited for leisure hrs. or vacation. Annual alary $3800 to $4400 rotating shifts. Differen- al for permanent evenings $300 and for per- anent nights $250 per annum. Premium paid r O.R. on-call time. Semi-annual rate ad- stments, liberal personnel policies, 5 day, hr. wk., 8 pd holidays, pd. vacations accord- g to tenure up to 20 working days, accumu- ative sick lv. to 26 weeks., pd. Blue Cross and lue Shield hospital insurance, Retirement lan, Social Security benefits. Apply Per- nnel Department, Greenwich Hospital, reenwich, Conn.

RADUATE NURSES: Opportunities un- mited for staff nurses at Cleveland Metro- olitan General Hospital. Check the following dvantages. (1) Large hospital-wide variety f services (2) University affiliated (3) Pd. acations, holidays, sick lv. (4) Pd. tuition r further study (5) Comfortable low cost ousing (6) Salary $300-$370 per mo. Ap- ly to Director of Nursing, 3395 Scranton Rd., leveland 9, Ohio

RADUATE NURSES: For medical and sur- ical services, modern 263 bed mid-Manhattan osp. 5 day 40 hr wk. Starting salary floor uty $310, Eves. $350, midnights $340, scrub urse $320. Uniform laundry, 2 meals per our, 4 annual increases, 4 wks vacation, 12 olidays, sick lv 12 days per year cumulative. ocial Security, Health Service, free hospitali- ation. Opportunities for special assign- ents, research nursing bonuses and post- rad. study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: For general duty, 75 bed general hospital, new air-conditioned, with modern equipment. Beginning salary $275 a

mo with differential for eve and night duty and operating room nursing. Good personnel policies, 5 day, 40 hr wk, vacation, pd sick lv, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE NURSES FOR OBSTETRICAL DEPARTMENT: Hospital conveniently located near NYC. 40 hr 5 day wk, beg. sal. $64.40 per wk, differential for permanent eve and night duty. Increments given every 6 mos for 5 yrs. 1 meal and laundering of uniforms gratis. Excellent personnel policies, overtime pay, 4 wks vacation after 1 yr, 8 pd holidays, sick time, accumulative to 60 days. Director of Nursing Service, Presbyterian Hospital, Newark, N.J.

GRADUATE STAFF NURSES: Opportunities for men and women on all services including Psychiatry and Operating Room. Well planned orientation program, tuition free courses at University. Low cost housing in nurses' residence. Recreational and cultural opportunities. Salary range $325 to $360. 3 wks vacation, 6 pd holidays. Follow your impulse and write to: Director Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

GRADUATES: Mercy College of Anesthesiology offers an 18 mo AANA approved course to graduates of accredited schools of nursing. Write: Director, Anesthesia Dept., Mount Carmel Mercy Hospital, Detroit 35, Mich.

HARRISBURG SCHOOL OF ANESTHESIA: Few openings still available for enrollment in the spring class starting May 18, 1959. Applications must be submitted promptly for consideration. Write to: Harrisburg Hospital, School of Anesthesia, Front and Mulberry Sts., Harrisburg, Pa.

HEAD NURSES FOR OBSTETRICAL & MEDICAL SURGICAL DEPARTMENTS: Hosp. conveniently located nr NYC. 40 hr 5 day wk. Beginning salary $74.05 per wk, increments given each 6 mos for 3 yrs. 1 meal and laundering of uniforms gratis. Excellent personnel policies, overtime pay, 4 wks vacation after 1 yr, 8 pd holidays, sick time accumulative to 60 days. Director of Nursing Service, Presbyterian Hospital, Newark, N.J.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated in-service education, access all NYC educational programs. Good basic preparation required, learn specialty here where patients receive active surgical-medical-radiation therapy. Not a chronic disease hospital. Teachers college learn-earn plan available for study-experience program on full salary. Staff nurses: day $300-340 mo., eve. $355-395, nite $344-384. 4 wks vacation, 1½ pay for overtime, uniforms laundered, Blue Cross pd by center. Minimum rotation. Suture nurses: base salary plus ½ pay for on call. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68 St., New York 21, N.Y.

IMMEDIATE VACANCIES: In the State of Maryland for Instructor of Nursing, Psychiatric. The salary range effective early in 1959 $4790-$5750. (Maximum in 5 yrs.) For additional information contact the Commissioner of Personnel, 31 Light Street, Baltimore 2, Md.

INDUSTRIAL, OFFICE: (a) Staff for Ariz. Mining Company hsp., $4500, exc. ben (b) Office clinic Nurse, new modern subur Chicago facilities, wealthy clientele, $ RN3-4 Burneice Larson, Medical Bureau, N. Michigan Ave., Chicago, Ill.

INSERVICE TRAINING COORDINATO To set up and direct inservice training p gram for Nursing Service in 290 bed hospit including geriatric and TB units. B.S. Deg in Nursing preferred; experience in inserv training required. 5 day, 40 hr. week, libe job benefits, room and board available, sta ing salary $400-$450 depending on qualifi tions, interview required at hospital expen Reply giving complete personal data, educ tion, and work experience to Mrs. Marga Nelson, R.N., Director of Nursing, Pres terian Hospital Center, 1012 Gold Ave., S Albuquerque, New Mexico.

INSTRUCTOR: In Medical-Surgical Nursi for formal and clinical teaching. Diplo school with full N.L.N. Accreditation. A erage student enrollment 80. Hospital h 392 beds and JCAH Accreditation. Admit o class a yr. B.S. degree required. Sala dependent upon preparation and experien Liberal personnel policies. 40 hr. w Social Security, Pension Plan. Apply D rector of Nursing, The Mercer Hospit Trenton 8, N.J.

INSTRUCTORS: (a) Basic Nursing Instr tor, two year college nursing progra Southern California, to $525 month (b) P chiatric Nursing Instructor, collegiate p gram, 9 month appt., ideal west coast locati $600 month (c) Instruct practical nurses adult vocational school, 9 month appt., $ month, Lake Mich. area. RN3-5 Burneice La son, Medical Bureau, 900 N. Michigan Av Chicago, Ill.

L.A. COUNTY GENERAL is the place work—salary $395 mo. and more for ev Signed: Staff of L.A. County General Hospit Write me. Betty Hartwig, R.N., Box 13 L.A. County General Hospital, Los Ange 33, Calif.

MALE NURSES: (a) Chief Nurse, state pe tentiary hspl to $6250, central U.S. (b) A as staff asst. to leading G.U. group, e opport. professional advancement, M.W. sta $5000 up. RN3-6 Burneice Larson, Medic Bureau, 900 N. Michigan Ave., Chicago, Il

MOVING? If you're thinking of moving move in with us. Salary $395 after 6 mos e and a First Class Supporting Team. Write m for information. Betty Hartwig, R.N., B 1311, L.A. County General Hospital, L Angeles 33, Calif.

NEW MEXICO: Needs Public Health a Graduate Nurses. Excellent salaries. Wri Merit System, Box 939, Santa Fe, N. Mex.

NORFOLK GENERAL HOSPITAL: Offe to graduates of accredited schools of nursi a 15 mo. comprehensive course in anesthes approved by A.A.N.A. Approved for trainin under the G.I. Bill. Free maintenance pl liberal stipend granted after 3 mos. App School of Anesthesia, Norfolk, Va.

NURSE: Registered Illinois, to be Surgic Supervisor in charge surgery and centr supply, large Midwest State institution. Mu have O.R. experience. Post graduate trainin in O.R. technique and central supply prefe able. Excellent salary. Inquiries held in co fidence. For further particulars apply B CHS, c/o RN Magazine, Oradell, N.J.

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personnel benefits. 40 hr. work wk. Apply H. M. Hoff, Associate Director, Jackson Memorial Hospital, Miami, Fla.

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